## P11000051445

(Requestor's Name)				
(Address)				
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(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
<b>r</b>				
Special Instructions to Filing Officer:				
Special instructions to Filing Officer:				

Office Use Only



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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: D & P UNITED INC			
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:		
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certificate & Certificate Status		
	ADDITIONAL COPY REQUIRED		
	(Printed or typed)		
917 WOODSTREAM L	ANE		
ORMOND BEACH, FL 3 City, 9	32174 State & Zip		
732-429-2738  Daytime Te	elephone number		
PRANAVX81@AOL.CON E-mail address: (to be used	•		

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	corporation shall be:	,	
ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing ad	dress, if different is:
	917 WOODSTREAM LANE		(IE HWY
	ORMOND BEACH, FL 32174	BUNNELL, FL 3	2110
ARTICLE III			
	which the corporation is organized is: ALL LAWFUL BUSINESS		
<b>ARTICLE IV</b> The number of st	SHARES  Nares of stock is: MAXIMUM OF 1000 S	HARES AND VALUE AT	\$1.00 FACH
			Ψ1.00 E/(O)1
	INITIAL OFFICERS AND/OR DIRECT Title: PRANAV SHAH		
Address:	917 WOODSTREAM LANE		
, radi ess.	ORMOND BEACH, FL 32174		
Name and	Title:	Name and Title:	
Address:		Address:	
Name and	Title:	Name and Title:	
Address:	THE.	Address:	
ARTICIR VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	300
Name:	PRANAV SHAH		
Address:	917 WOODSTEAM LANE		MAY
	ORMOND BEACH, FL 32174		မို့နှို့ ယ 🦡
ARTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:		
Name:	PRANAV SHAH		367
Address:	917 WOODSTREAM LANE		
	ORMOND BEACH, FL 32174	<del></del>	3 <sup>100</sup> 35
	med as registered agent to accept service of pro		
this certificate, I	am familiar with and accept the appointment as	registered agent and agree to act	t in this capacity
	Premais Chal		5/27/2011
	Required Signature/Registered Agent	·	Date
I errhanid dhim de-			alaa information ook
	cument and affirm that the facts stated herein Department of State constitutes a third degree fo		
		wa province joi 111 3:01 /.133	g a 46.00
	Required Signature/Incorporator		5/27/2011
	Required Signature/Incorporator		Date