

P11000076832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000211088160

08/29/11--01035--014 \*\*78.75

FILED  
11 AUG 29 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

DIGITAL EVIDENCE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☒ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: RICHARD SOJAK  
Name (Printed or typed)

PO BOX 491032  
Address

LEESBURG, FL 34749  
City, State & Zip

352-552-7061  
Daytime Telephone number

DIGITAL EVIDENCEINC@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

11 AUG 29 PM 1:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

August 24, 2011

Florida Department of State  
Division of Corporations  
Attn: New Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

Please find enclosed a copy of the Voluntary Dissolution Filing Digital Evidence, Inc. (Document Number P10000083228) and a statement from the original Principals stating that they have no intension of reinstating the above corporation and have not commenced any business under above mentioned corporation. In addition please find check number 133 in the amount \$78.75 representing payment in full for the reincorporating of Digital Evidence, Inc. under its new and sole principal.

At your earliest convenience, could you please process these documents and return to me the new Articles of Incorporation.

Should you have any questions please do not hesitate to contact me at the phone number below.

Thank you for your assistance.



Richard Sojak

(352) 552-7061  
204 N Texas Avenue  
Tavares, FL 32778

Department of State  
Division of Corporations  
Attn: New Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Date: 07/08/2011

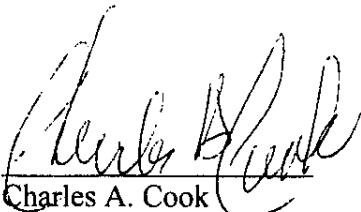
IN RE: Digital Evidence, Inc. Document #: P10000083228

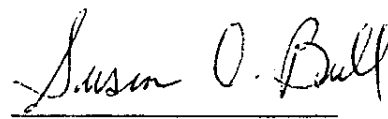
This is to advise you that as of July 7, 2011 we the officers/principals/incorporators of Digital Evidence, Inc. have involuntarily dissolved said corporation and have not commenced any business nor issued any shares since it's inception on 10/11/10.

We have absolutely no intention or interest of reinstating this corporation now or never under its current officers and/or document number; P10000083228.

In addition, we are forever releasing the name Digital Evidence so that it can be used by future incorporators.

Should you have any questions regarding the above, please contact me at (352) 442-3395.  
Thank you.

  
Charles A. Cook  
Vice President  
Digital Evidence, Inc.  
Doc# P10000083228

  
Susan C. Bull  
President  
Digital Evidence, Inc.  
Doc# P10000083228

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

ARTICLES OF INCORPORATION

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

**ARTICLE I NAME**

The name of the corporation shall be: DIGITAL EVIDENCE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
204 N. TEXAS AVE.  
TAVARES, FL 32778

Mailing address, if different is:  
PO Box 491032  
LEESBURG, FL 34749

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>RICHARD SOSAK - PRESIDENT</u>	Name and Title:	_____
Address:	<u>PO Box 491032</u>	Address:	_____
	<u>LEESBURG, FL 34749</u>		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

FILED  
AUG 29 PM 1:32  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: COLE WAGNER  
Address: 11617 OSPREY PONTE BLVD.  
CLERMONT, FL 34711 Cole Wagner

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: COLE WAGNER  
Address: 11617 OSPREY PONTE BLVD.  
CLERMONT, FL 34711 Cole Wagner

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Cole Wagner  
Required Signature/Registered Agent

7/12/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Cole Wagner  
Required Signature/Incorporator

7/12/11  
Date