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COVER LETTER

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

SUBJECT: Daniel Douglas Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL CO	OPY REQUIRED
FROM: Daniel Allen Douglas Name	(Printed or typed)	
619 Parkdale Blvd. N	Address	
Lehigh Acres, Fl 33974	State & Zip	
239-770-7958 Daytime Te	elephone number	
danieldouglasinc@gmail E-mail address: (to be used	l.com I for future annual report	notification)

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)

ARTICLE I	NAME		
The name of the	corporation shall be: Daniel Doug	las Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address		dress, if different is:
	3251 Santa Barbara Blvd N.	_619 Parkdale Bl	vd.
	Cape Coral, Fl 33903	Lehigh Acre, Fl	33974
ARTICLE III			7 4
	which the corporation is organized is:		
ro perrorm	home inspections.		AUG 31 PH 12: 54 CRETARY OF STATE LAHASSEE, FLORIT
			RAY OF RAY
ARTICLE IV	SHARES nares of stock is: 1		12: FL(ST FL(ST
I ne number of sr	nares of stock is: 1		물곡 꼬
ARTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	Š. +
Name and	Title: Daniel Allen Douglas (Pres.)	Name and Title:	
Address:	619 Parkdale Blvd.	Address:	
	Lehigh Acres, Fl 33903		
	Thu the same of th		
	Title:	Name and Title:	
Address:			
	Title:	Name and Title:	
Address:		Address:	
ADTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Daniel A Douglas		
Address:	619 Parkdale Blvd.		
	Lehigh Acre, Fl 33974		
ADMICT P TIT	THEODRODA WAR		
	INCORPORATOR ddress of the Incorporator is:		
Name:	Daniel A Douglas		
Address:	619 Parkdale Blvd.		
	Lehigh Acres, FI 33974		
	med as registered agent to gecept service of p am familiar with and accept the appointment		
		1	08/27/2011
	Required Signature/Registered Ager	11	Date
I submit this do	cument and affirm that the facts stated here Department of State constitutes a third degree	in are true. I am aware that the f	false information submitted in a 5. F.S.
wormsm wine	Department State Consultates a una degree	/ Joseph and province joi in mot /1105	-,
0	2h/0x/15/		08/27/2011
	Required Signature/Incorporator		Date