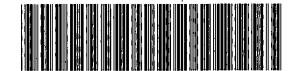
## P12000003052

(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:			
CONRECTED SIPLODE OF			
PRINCIPAL ADDRESS PER			
TELEPHONE CONVERSATION			
WITH ROBERT J. LEHMAN.			
TE 01/11/12			

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## **COVER LETTER**

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

SUBJECT: D&L Insurance Agency	, Inc.	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:
\$70.00 \$78.75 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: Robert J. Lehman	(Printed or typed)	
2425 - 11th Street South	Address	
St. Petersburg, FL. 3370		
727-290-7755 Daytime Te	elephone number	<del></del>
boblehman@live.com E-mail address: (to be used	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 D&L Insurance Agency, Inc.	•	,			
The name of the	corporation shall be:					
ARTICLE II	PRINCIPAL OFFICE					
	Principal street address	Maili	ng address, if different is	<b>S</b> :		
	601 N. Lois Avenue					
	Tampa, FL33609				_	
4 D. W. C. C. D. W.	PURPOGE					
ARTICLE III	which the corporation is organized is:					
	nd any and all lawful business.					
ARTICLE IV The number of sh	SHARES pares of stock is: 100					
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS					
				• • •		
Address:	2425 - 11th Street South Add					
	St. Petersburg, FL 33705-3506				_	
NT	T'.					
Address:	Title: Nar Ado	he and Title:				
Audiess.	Au					
Name and	Title: Na	ne and Title:				
Address:	Add	dress:				
				<del> </del>	_	
ARTICLE VI	REGISTERED AGENT		₹			
The name and F	lorida street address (P.O. Box NOT acceptable) of the re	gistered agent is:	. F8	2	Gadeant	
Name:	Robert J. Lehman			₹	. i	
Address:	2425 - 11th Street South		<b>75</b>	1	CONTROLOGY.	
	St. Petersburg, FL. 33705-3506		J. Com	9	H	
ARTICLE VII	INCORPORATOR		Mo	733	Control of	
	Idress of the Incorporator is:		<u> </u>		# 15	
Name:	Robert J. Lehman		<b>9</b> .	Ö		
Address:	2425 - 11th Street South		a a a a a a a a a a a a a a a a a a a	2		
	St. Petersburg, FL. 33705-3506		<b>*</b>	_		
	ned as registered agent to accept service of process for t am familiar with and accept the appointment as registered			designat	ed in	
Kak	the Sohman		January 7,	2012		
	Required Signature/Registered Agent	····	Dat		<del></del>	
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.						
/1/	1 LA A I					
_// ak	est V. Blkman		January 7			
71-7-	Required Signature/Incorporator	Date				