

JAN 17 2012 4:14 PM

CAPITAL CONNECTION

NO 8556 PP 11 of 1

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

DOMESTICATION  
DP POLYMERS, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$128.75

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Corporate Filing Menu

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JAN 18 2012

**COVER LETTER**

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

**SUBJECT:** DP POLYMERS, INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**OPTIONAL:**

Certificate of Status	\$ 8.75
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JOHN N. BRUGGER  
Name (printed or typed)

600 5TH AVENUE SOUTH, STE 207  
Address

NAPLES, FL 34102  
City, State & Zip

239-263-6000  
Daytime Telephone Number

PNDIKAN@AOL.COM  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, PAUL N. DIKAN, PRESIDENT  
(Name) (Title)  
of DP POLYMERS, INC a foreign corporation,  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was DECEMBER 28, 2005.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was MASSACHUSETTS.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was DP POLYMERS, INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is DP POLYMERS, INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was MASSACHUSETTS.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of DP POLYMERS, INC.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 17 day of JANUARY, 2012.

  
(Authorized Signature)

## Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
**IN COMPLIANCE WITH CHAPTER 607, F.S.**

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

DP POLYMERS, INC

**ARTICLE II PRINCIPAL OFFICE**THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:  
215 4TH STREET NORTH, NAPLES, FL 34102**ARTICLE III PURPOSE**THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:  
ALL LAWFUL PURPOSES**ARTICLE IV SHARES**THE NUMBER OF SHARES OF STOCK IS:  
10,000**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

PAUL N. DIKAN, 215 4TH STREET NORTH, NAPLES, FL 34102, PRESIDENT, DIRECTOR  
DEBBIE A. DIKAN, 215 4TH STREET NORTH, NAPLES, FL 34102, TREASURER, SECRETARY,  
DIRECTOR**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

JOHN N. BRUGGER, FORSYTH & BRUGGER, P. A., 600 5TH AVENUE S., STE 207, NAPLES, FL  
34102**ARTICLE VII INCORPORATOR**

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

PAUL N. DIKAN, 215 4TH STREET NORTH, NAPLES, FL 34102

FILED  
12 JAN 17 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Date

Signature/Incorporator

Date