P12,0000074465

(Requestor's Name)					
(Address)					
(Address)					
(City/	/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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SLORETARY OF STAT

ALLAMASSEE FLORE

1/23/12

COVER LETTER

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

SUBJECT:	DWFL		ATP NAME AND THE	LUBE CHERIY				
	(PRC	POSED CORPOR	ATE NAME – <u>MUST INC</u>	<u>LUDE SUFFIX</u>)	l			
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 & Certific	e cate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	& Certific Status	Copy cate of			
FROM: DWFL Inc Clower Name (Printed or typed) P.O. Box 429								
_		<u>no, mo</u> City	•		SEGRETARY TALLAHASSI	12 JAN 20 PH 3: 0	FIL	
	Àe a.c.	Daytime	Telephone number . Con ed for future annual repor	t notification)	FE, FLORIDA	PH 3: 01	FILED	

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)

	NAME '		
The name of the cor	poration shall be: DWFL INC		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address 31643 Executive Blvo	. 1	Mailing address, if different is:
<u></u>		<u></u>	. Box 429
_	LEESBURG, FL 34748	<u>Sul</u>	MO 63080
_		 -	
ARTICLE III	PURPOSE		
The purpose for wh	ich the corporation is organized is:		
7.	1 4 7 7 7	11 - 01-00	arrival/ willar 2
170	& Corporation is formed &	or dre bullo	7
29	open actor extens, bush cope	xirs and a	L. Aug 1/2 TO WA
~ c ²	2 local and solitivity	· ·	7
3 , –	pripment, points sales, reporta	may evert	be incorporated.
ARTICLE IV	SHARES	_	•
The number of share	es of stock is: 500		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	RS	
	le: GRANT MEDILU PRESIDENT		GRANT MEDLIN DIRECTOR
Address:	180 HIDDEN ONE ESTATES	Address:	180 Hippon Dak Estatus
	BOURBON MO 65441		Bourbon, MO 65441
Name and Titi	10: Rebecca Mellin Vice-Presiden	Name and Title:	Poloso Mell: Discorne
Address:	180 Hi Open OAK ESTATES	Address:	180 Higgs DAK ESTATES
	BOURDON, MO 65441		Bourgon, NO 65441
Name and mid	VENT CONSEV CONTRACTOR		
Name and 1111 Address:	10: KENT CUDNEY SEC/TRASUTER 4376 HIGHWAY EE		
Audiess.	BRALLON, MO 63013	Address: _	
			75 7
	REGISTERED AGENT		JAN _
Name:	ida street address (P.O. Box NOT acceptable) o	of the registered agent	tis:
Address:	31643 Executive But	-	r 171
Addiess.	Less Buse FL 3474	18	
		••	3 ST
	NCORPORATOR		ATE RIDA
-	ess of the Incorporator is:		
Name: Address:	CRANT MEDUN 180 Hidden Oak Estatua	_	₽
rudicss.	BOURBON, MD 6544		
			
Having been named	as registered agent to accept service of proces	ss for the above state	ed corporation at the place designated in
this certificate, I am	familiar with and accept the appointment as reg	gistered agent and ag	gree to act in this capacity
\sim \sim \sim			0 4 2 4 2
- /st	Required Signature/Registered Agent		fan 16, 2012 Date
	Required Signature/Registered Agent		Date
I submit this docum	ent and offirm that the facto stated herein are	true I am aware t	that the false information submitted in a
document to the Dep	artylen of State to a tipe factor stated herein are	y as provided for in	s.817.155, F.S.
	15 8 1/10 1/16	, <u>.</u>	
/	(limit / let		1/19/12
	Required Signature/Incorporator		Date
	V		