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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 FEB 21 PM 3:49

2/22/12

## COVER LETTER

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

**SUBJECT:** DME Consultants 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:** Danielle Zimmerman

Name (Printed or typed)

6555 N. Powerline Road Suite 313

Address

Ft. Lauderdale, FL 33309

City, State & Zip

954-415-6329

Daytime Telephone number

daniellem.zimmerman@gmail.com

E-mail address: (to be used for future annual report notification)

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**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: DME Consultants Inc.

**EFFECTIVE DATE** 02/20/12

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
6555 N. Powerline Road Suite 3  
Ft. Lauderdale, FL 33309

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Sales & Marketing

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Brett Zimmerman - President  
Address: 6555 N. Powerline Road Suite 313  
Ft. Lauderdale, FL 33309

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: Kenny Levy  
Address: 3504 Cragmont Drive Suite 200  
Tampa, FL 33619

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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


Name: Danielle Zimmerman  
Address: 6555 N. Powerline Road Suite 313  
Ft. Lauderdale, FL 33309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Danielle Zimmerman  
Address: 6555 N. Powerline Road Suite 313  
Ft. Lauderdale, FL 33309

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

2-17-2012  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

2-17-2012  
\_\_\_\_\_  
Date

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

Article VIII: Effective Date

February 20th, 2012

  
\_\_\_\_\_  
Required Signature/Registered Agent

2-17-2012  
Date