P12000019264

(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:				
Certified Copies Certificates of Status Special Instructions to Filing Officer:				





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COVER LETTER

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

SUBJECT: DARRAGJATI ENTER	PRISES INC
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: DARRAGJATI ENTERPR Name	ISES INC (Printed or typed)
8221 SOUTHSIDE BLVE	OSTE 24
JACKSONVILLE FL 322 City,	256 State & Zip
904-527-3846 Daytime Te	elephone number
louiscpa@bellsouth.net E-mail address: (to be used	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 The name of the c	NAME DARRAGIATI ENT	TERPRISES INC	FILED
	•		12 FEB 24 PM 12: 52
	PRINCIPAL OFFICE		
	Principal street address 8221 SOUTHSIDE BLVD STE 24	IV	ailing address, if different is:
	JACKSONVILLE FL 32256		TALLAMASSEE, FLIGHTIA
ARTICLE III			•
	which the corporation is organized is:		DID 4
ALL LEGAL	AND LAWFUL PURPOSES IS T	ME STATE OF FLO	RIDA
ADMICE DE	CILABRO		
ARTICLE IV The number of sha	SHARES ares of stock is:100		
ARTICIE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
	Title: EDWARD DARRAGJATI PRE		
Address:	8838 YORKSHIRE CT		
	JACKSONVILLE FL 32257		
Name and T	۲itle:		
Address:		Address:	
		 -	
Name and T	Γitle:	Name and Title:_	
Address:		Address: _	
			
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT accepta	uhla) aftha magistamad agant	i
Name:	EDWARD DARRAGJATI PRI		is.
Address:	8838 YORKSHIRE CT		
Addiess.	JACKSONVILLE FL 32257		
nakora m			
ARTICLE VII The name and ad	INCORPORATOR Idress of the Incorporator is:		
Name:	EDWARD DARRAGATI PRE	S	
Address:	8838 YORKSHIRE CT		
	JACKSONVILLE FL 32257		
Taving been nan	ned as registered agent to accept service of p	process for the above state	ed corporation at the place designated in
	am familiar with and accept the appointment	as registered agent and ag	
	Column R.	and C	2-22-12
	Required Signature/Registered Age	1//0//)	Date
	ument and affirm that the facts stated here Department of State constitutes a third deg <u>re</u> e		
10 116 £	Required Signature/Incorporator	10 Ar	
	tolward on	(((((((((((((((((((2-27-12
	Required Signature/Incorporator		Date