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(R€	equestor's Name)			
(Address)				
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(Address)				
(Cit	ty/State/Zip/Phone	#)		
•	•	•		
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nam	e)		
(50	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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2012 MAR 12 AM ID: 51
SECRETARY OF STATE.
TALLAHASSEF, F. 1881.

J. SHAVORS MAR 13 2012

## **COVER LETTER**

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

SUBJECT: Desktop Horizons Inc.  (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
(PROPOSED CORPORA)	TE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:				
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee  & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED				
	ADDITIONAL COTT ADQUITED				
FROM: Susan M. Sanderson					
Name	(Printed or typed)				
973 Orinoco E	ddress				
Venice, FL 34285	State & Zip ZH				
941-485-6432 Daytime Te	State & Zip  State & Zip				
susanmsanderson@c E-mail address: (to be used	77 <b>3 M</b>				

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 No.	Pration shall be: Desktop	Horizo	ns Inc
ARTICLE II P	RINCIPAL OFFICE	1 101120	
973	Principal <u>street</u> address 3 Orinoco E nice, FL 34285	Mailing ad	ldress, if different is:
	n the corporation is organized is:  OOK develop	ment	
The number of shares			
Name and Title	Susan M. Sanderson, President 973 Orinoco E Venice, FL 34285	Name and Title:	
Name and Title Address:	Marie T. Eiter, Treasurer 2327 Godfrey Rd. East Thetford, VT 05043	Name and Title:Address:	
Name and Title Address:			
ADTICLE III D	EGISTERED AGENT		
	a street address (P.O. Box NOT acceptable) of	the registered agent is:	20 TAL
Name: Address:	Susan M. Sanderson 973 Orinoco E Venice, FL 34285		12 HAR 1.
	ICORPORATOR		wo Z
Name: Address:	ss of the Incorporator is: Susan M. Sanderson 973 Orinoco E Venice, FL 34285		FLORID.
	as registered agent to accept service of process amiliar with and accept the appointment as regi		
Som	M Saudu		3/8/12
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are artment of State constitutes a third degree felony		
Sura	M Sandy		3/8/12
	Required Signature/Incorporator		Date