(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:				
Special Instructions to Filing Officer:				

Office Use Only

6250.2228. W1200014451



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03/09/12--01021--020 **87.50

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COVER LETTER

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

SUBJECT: Drifters 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	any .
& Certificate & Certificate Status ADDITIONAL COPY REQUIRE	e of
FROM: Anthony W. Dudley Name (Printed or typed)	-
21025 S.W.300thst Address	-
Homestead, Florida 33030	SEGRETAR VICEN OF
305-245-1507 Daytime Telephone number	TLED SY OF STATE STAPORATION F PM 3: 48
E-mail address: (to be used for future annual report notification)	- 80 TE

NOTE: Please provide the original and one copy of the articles.

SOUTHERN OFFICE PROD

OFFICEMAX

PAGE 02/03

PAGE 82/82



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2012

ANTHONY W. DUDLEY 21025 SW 300TH STREET HOMESTEAD, FL 33030

03/19/2012 08:22 3052429488

SUBJECT: DRIFTERS, INC. Ref. Number: W12000014451

We have received your document for DRIFTERS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filling is the number of authorized shares.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number; 012A00009212

	ARTICLES OF INCO		SECHE TARY OF A
ARTICLE I NAM		_	SECHETARY OF STATE DIVISION FOR CORPORATION
The name of the corporation	on shall be:		12 MAR 19 PM 3: 48
ARTICLE II PRIN	CIPAL OFFICE		
	rincipal street address 300 th St	Mailing addre	ss, if different is:
	nestead, Fl		
	33030	A	
ARTICLE III PURP The purpose for which the	ose e corporation is organized is: ucking ound star	ting busine	z 2
ARTICLE IV SHAF The number of shares of st ARTICLE V INITI		·s	
Name and Title: /- Address: 7		Name and Title: Address:	A
Name and Title:Address:	A	Name and Title: Address:	
Name and Title:Address:	N	Name and Title: Address:	A
ARTICLE VI REGI	STERED AGENT		
The <u>name and Florida str</u>	eet address (P.O. Box NOT acceptable) of 1 n + hony W. Dud 2025 9 W 300 7 St. Hamestead Fl 3		·
ARTICLE VII INCO	RFORATOR		
The <u>name and address</u> of		1.	
Name:i Address:	Homestead, El 33	1841 230	
Having heen named as rethis certificate, I am famili	gistered agent to accept service of process ar with and accept the appointment as reg	s for the above stated corporati Istered agent and agree to act in	on at the place designated in this capacity
Ynllo	Required Signature/Registered Agent		3-19-12 Date
	nd affirm that the facts stated herein are		