

PI 200006969L3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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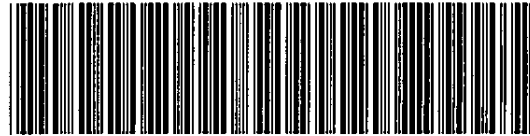
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 13 PM 2:23

Ps 8/14/12

COVER LETTER

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

SUBJECT: dEsign320, 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: Sean A. Mickley, Esq.
Name (Printed or typed)

15 W. Church St. Suite 301
Address

Orlando, Florida 32801
City, State & Zip

407-740-6600
Daytime Telephone number

sam@kirwinnorris.com
E-mail address: (to be used for future annual report notification)

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

AUG 10 2012

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

FILED
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DIVISION OF CORPORATIONS

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ARTICLE I NAME
The name of the corporation shall be: dEsign320, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address
1267 Waterwitch Cove Circle
Orlando, Florida 32806

Mailing address, if different is:
PO BOX 1505
Windermere, Florida 34786

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100 shares of common stock having \$1.00 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Scott Sims, PTD</u>	Name and Title: _____
Address: <u>1267 Waterwitch Cove Circle</u>	Address: _____
<u>Orlando, Florida 32806</u>	_____

Name and Title: <u>Toni Sims, VPSD</u>	Name and Title: _____
Address: <u>1267 Waterwitch Cove Circle</u>	Address: _____
<u>Orlando, Florida 32806</u>	_____

Name and Title: <u>Jeffrey V. Gaither, VP</u>	Name and Title: _____
Address: <u>5401 Tribune Drive</u>	Address: _____
<u>Orlando, Florida 32812</u>	_____

ARTICLE VI REGISTERED AGENT

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

Name: Scott Sims
Address: 1267 Waterwitch Cove Circle
Orlando, Florida 32806

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sean A. Mickley
Address: 15 W. Church St., Suite 301
Orlando, Florida 32801

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

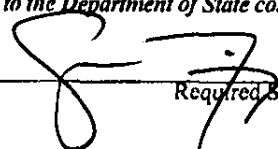


Required Signature/Registered Agent

8/8/12

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

8/10/12

Date