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(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
IMILLAHASSEE FLORIDA

J. SHIVETS NCT 03 2021



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2012

CHADWICK DOUGLAS 9748 CYPRESS POND AVE TAMPA, FL 33647

SUBJECT: DOUGLAS FAMILY PROCESS INC

Ref. Number: W12000045805

We have received your document for DOUGLAS FAMILY PROCESS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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 filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 112A00022425

COVER LETTER

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

SUBJECT: DOUGLAS FAMILY PROCESS 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 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certified Copy & Certificate of Status Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: CHADWICK B DOUGLAS Name (Printed or typed) 9748 CYPRESS POND AVE Address City, State & Zip 813-240-8775 Daytime Telephone number

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

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

HARSHA.TAS@GMAIL.COM

ARTICLES OF INCORPORATION

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

DTIOT P II	DDINGIDAL OFFICE				
K HCLE II	Principal street address	Mailing as	Mailing address, if different is:		
. J	748 CYPRESS POND AVE	_			
11	AMPA FL 33647 US				
į –	ANALY L MOUTI DO				
RTICLE III					
	hich the corporation is organized is: LLAWFUL BUSINESS				
				•	
RTICLE IV	SHARES 100				
ie number of shar	res of stock is: 100				
RTICLE V	INITIAL OFFICERS AND/OR DIRECTORS				
Name and Ti	itle:CHADWICK B DOUGLAS P				
Address:	9748 CYPRESS POND AVE	Address:			
	TAMPA FL 33647 US				
Name and Ti	itle: LARRY B DOUGLAS VP	Name and Title:			
Address:	9748 CYPRESS POND AVE				
1144141	TAMPA FL 33647 US				
		· 			
Name and Ti	itle: CHADWICK B DOUGLAS S	Name and Title:			
Address:	9748 CYPRESS POND AVE				
Address.	TAMPA FL 33647 US				
	TAMPA FL 33047 US	· · · · · · · · · · · · · · · · · · ·			
	<u>REGISTERED AGENT</u> <u>orida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:	Ξg	72	
ne <u>name and Fid</u> Name:	CHADWICK B DOUGLAS	me registered agent is.	50	90	
Address:	9748 CYPRESS POND AVE	•	表面	- -i	
Addiess.	TAMPA FL 33647 US	•	\$\$ \	1 - 1	
	TAMEA II JUNA US	•	第三		
RTICLE VII	INCORPORATOR		ㅠ윾		
he <u>name and ado</u>	dress of the Incorporator is:		<u>5</u> 8	9	
Name:	CHADWICK B DOUGLAS				
Address:	9748 CYPRESS POND AVE		≱m	ā	
	TAMPA FL 33647 US	•	•		
lavina heen nam	ed as registered agent to accept service of process	for the above stated corn	oration at the place d	esignated	
aving been nam is certificate. I ai	m familiar with and accept the appointment as regi	stered agent and agree to a	ect in this capacity		
,,					
	/ /hl		09/01/2012		
· · · · · · · · · · · · · · · · · · ·	Required Signature/Registered Agent		Date		
cubmit this dos	iment and affirm that the facts stated herein are	true I am aware that the	false information on	hmittad in	
	iment and affirm that the facts stated herein are epartment of State constitutes a third degree felony			vir umcu III	
W IIIC D		an province jor in mot /11.	,		
./	/ 'ph		09/01/2012		
	Paguired Cionatura/Incompanter	 .		<u> </u>	
Required Signature/Incorporator			Date		