

P13000005129

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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13 JAN 14 PM 4: 05  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

T. Burch JAN 15 2013

## COVER LETTER

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

SUBJECT: Daymaker, 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: Edmond Selfollari

Name (Printed or typed)

3315 Bermuda Isle Circle # 120

Address

Naples, FL 34109

City, State & Zip

773-633-7631

Daytime Telephone number

thedaymaker@gmail.com

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 NAME**

The name of the corporation shall be: **Daymaker, Inc**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3315 Bermuda Isle Circle # 120  
Naples, FL 34109

Mailing address, if different is:

3315 Bermuda Isle Circle # 120  
Naples, FL 34109

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The transaction of any or all lawful business for which corporations may be incorporated under the Florida Corporation Act.

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Edmond Selfollari-President  
Address: 3315 Bermuda Isle Circle # 120  
Naples, FL 34109

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

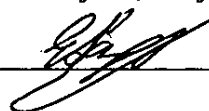
Name: Edmond Selfollari  
Address: 3315 Bermuda Isle Circle # 120  
Naples, FL 34109

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Edmond Selfollari  
Address: 3315 Bermuda Isle Circle # 120  
Naples, FL 34109

*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*



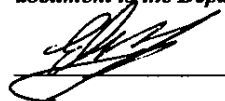
**EDMOND SELFOLLARI**

Required Signature/Registered Agent

**Jan - 10 - 2013**

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.*



**EDMOND SELFOLLARI**

Required Signature/Incorporator

**Jan - 10 - 2013**

Date

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TALLAHASSEE, FLORIDA