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(Re	equestor's Name)	······································
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Certified Copies	_ Certificates	s of Status
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DIVISION OF CONFIDENCE OF THE 30

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COVER LETTER

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

SUBJECT: DUY ALL	ans, Inc.
\ (PROPOSED CORPO	RATE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75
	ADDITIONAL COPY REQUIRED
FROM: Micole Ingray	me (Printed or typed)
24210 108 3rd	Address
Pompano Be	14, State & Zip
954. 203. E	e Telephone number
brownslim E-mail address: (to be u	20 QUANO COM 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) SECRETARY OF STATE DIVISION OF CORPORATIONS NAME ARTICLE I The name of the corporation shall be: PRINCIPAL OFFICE Principal street address Mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS K Name and Title: Name and Title: Address Address: Name and Title: Name and Title:_ Address Address: Name and Title: Address

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SECRE	TARY OF STATE OF COMPORATIONS
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	SECRETARY OF STATE DIVISING OF COPPOSATIONS
	Name and Title: 13 FEB 28 PM 1: 30 Address 3341 TeStimonySt, Address: 32901
	ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Address:
	ARTICLE VII INCORPORATOR
	The name and address of the Incorporator is: Name: Address: Add
	Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this cardificate, sam familiar with and accept the appointment as registered agent and agree to act in this capacity Required Signature Registered Agent 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 Date