

P 13000058043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

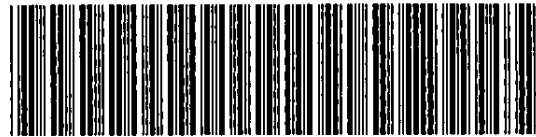
(Business Entity Name)

(Document Number)

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7/11/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 719370 7768121

AUTHORIZATION :

*[Handwritten signature]*

COST LIMIT : \$ 70.00

ORDER DATE : July 9, 2013

ORDER TIME : 4:23 PM

ORDER NO. : 719370-005

CUSTOMER NO: 7768121

DOMESTIC FILING

NAME: DILCOCOMA INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

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

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**ARTICLE I NAME**  
The name of the corporation shall be: Dilcocom Inc.

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address  
4941 Flagstone Drive Sarasota, FL 34238

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Any lawful business

**ARTICLE IV SHARES** 200, no par value  
The number of shares of stock is:

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

Name and Title:	<u>Dina Moyett, President</u>	Name and Title:	_____
Address	<u>4941 Flagstone Drive Sarasota, FL</u>	Address:	_____
	<u>34238</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

(cont.)

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

**ARTICLE VI REGISTERED AGENT**

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


Name: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

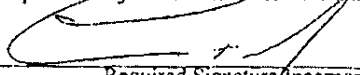
The name and address of the Incorporator is:

Name: Constantine T. Tzifas, PLLC  
Address: 286 Madison Avenue, Suite 1801  
New York, NY 10017

*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.*

By:  **Sue G. Knight** 7-9-13  
Corporation Service Company Assistant Vice President Date  
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.*

 7/9/13  
Required Signature/Incorporator Date

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