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SECRETARY OF STATE
JEVISION OF GENERALITY

JOHN JAN 23 PM 2: 52

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COVER LETTER

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

SUBJECT: DJ (Jnderground, Ind	C.	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the ar	ticles 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 REQUIRE	
110111	aniel Johns Nam 223 Thomasina [e (Printed or typed) Orive	
		Address	
Po	ort Orange, Fl. 3	2129	
	City	, State & Zip	
38	36-756-8582		
	Daytime 1	Celephone number	
da	anjohns@djengir	neers.com	
·	E-mail address: (to be use	ed 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) SECRE TARY OF STORY OF GORDON ARTICLE I NAME
The name of the corporation shall be: DJ Undeground, Inc. PRINCIPAL OFFICE Principal street address Mailing address, if different is: 3869 S. Nova Rd. - Suite 3 Port Orange, Fl. 32127 The purpose for which the corporation is organized is: to conduct an underground ARTICLE III PURPOSE utility business ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Daniel Johns, president Name and Title: 1223 Thomasina Dr. Address Address: Port Orange, Fl. 32129 Name and Title:_______Name and Title:______ Address Name and Title:______ Name and Title:_____ Address: Address

	, ,		SLORETARY OF STATE DIVISION OF GORPORATION	
Name and	Title:	Name and Title:	2014 JAN 23 PM 2: 52	
Address		Address:		
		·		
ARTICLE VI The name and Flo	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent	is:	
Name:	Daniel Johns			
Address:	1223 Thomasina Dr.			
. rad. obb.	Port Orange, Fl. 32129	-		
ARTICLE VII	INCORPORATOR			
The name and add	<u>lress</u> of the Incorporator is:			
Name:	Daniel Johns			
Address:	1223 Thomasina Dr.			
	Port Orange, Fl. 32129	- -		
	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	ristered agent and ag	ree to act in this capacity	
	Required Signature/Registered Agent DA	WIEL JOHH	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.				
/			1-20-14	
	Required Signature/Incorporator DA	VIEL JOHN	Date	