(Re	questor's Name)	<u> </u>
(Ad	dress)	
. (/		
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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

SUBJECT: D	RIVE MASTE	IR AMER	ICA INC	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
S70.00 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 CO	PY REQUIRED	
FROM: CARI A SHEERIN Name (Printed or typed)				
153 WATERFORD-G				
DEIRAY BEACH F1. 33446				
561-706-7722 Daytime Telephone number				
BUYERMANDATE DLIVE. 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 NA The name of the corpo	AME oration shall be:	DRIVE	MASTE	ER AM	LERICA	INC.	
ARTICLE II PE	Principal str			М	ailing address, if o	lifferent is:	
Delroy	BEACA	F1.					
ARTICLE III PU The purpose for whice	RPOSE h the corporatio	n is organized is:	PROFE	SSTON	PAL DR	LIVER,	
						<u> </u>	DIVI
						70	SION OF C
ARTICLE IV SI		00		_		:	CORPORATIONS AM II: 36
ARTICLE V IN	//	ers and/or d	ERIN NE	me and Title:	PRESI	OENT	
Address	153	WATERFI U Rloet	óeo-Ga	ddress: _			
	-	146		-			
Name and Ti		JATER FOR			TREAS		
	Delan 334	M Black	h, FL.	-			
Name and Ti					•		
Address			A	ddress:			

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptate	ole) of the registered agent is:	
Name: AN A STORY	/	DIVIS
Address: 153 Wotertoko - (<u>)</u>	FER
DelRay Beach, Fl. 3	3446	TAR OF D
ARTICLE VII INCORPORATOR		ED Y OF STAFE Y OF STAFE Y OR AN II: 36
The name and address of the Incorporator is:	- 1	36
Name: LARL A. SHEER	<u> IN</u>	t.n
Address: 153 WATERFORD-	<u>G</u>	
DelRay BEACH, Fl	<u>. 3</u> 3446	
Having been named as registered agent to accept service of prothis certificate, I am familiar with and accept the appointment.	ocess for the above stated corpo as registered agent and agree to d	ration at the place designated in act in this capacity
Required S ignature/Registered Agen	t	2/14/2014 Date
I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree Required Signature Incorporator	n are true. I am aware that the f felony as provided for in s.817.1.	Calse information submitted in a 55, F.S. 1/23/2014