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(Regi	uestor's Name)			
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(Addı	ress)	<u> </u>		
(Addı	ress)	· · · · ·		
(City/	State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Nam	ne)		
(Doc	ument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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FILING CANCELLED RETURNED CHECK

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SECRETARY OF STATE

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COVER LETTER FILING CANCELLED RETURNED CHECK

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

FILING CANCELLED RETURNED CHECK

SUBJECT:	D.	Ŗ.A.	K.E	EN	ΓER	ΓΑΙΝ	ME	NT I	NC.	
			(DDA)	OCCD C	COOCIO	A TITE BY A	3412 34	LICTURE INT	CITUDE	CHICK

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

_	` ' 17		
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

M·	Horance Taffe				
171.	Name (Printed or typed)				
	1501 Flager dr.				
	Address				
	West Plam Beach Fl 33401				
	City, State & Zip				
	404-671-5433				
	Daytime Telephone number				
	Durhamfoundation@aol.com				
	E mail address: (to be used for future annual report notification)				

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED

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

The name of the corpora	ME D.R.A.K.E Enterta	ainment in	<u>C</u>	
<i>articLe ii Pri</i> 1501 flager dr	NCIPAL OFFICE Principal street address		Mailing address, if different is:	
west palm be	ach fl 33401	River	ia Beach fl 33419	- -
ARTICLE III PUR The purpose for which t	POSE the corporation is organized is: to do al	l lawful bu	siness.	-
	FILING CAN	CELLE	D 4 188	
	RETURNED	CHECK	R - ESTANY OF	FILEO
ARTICI E IV SHA	· ·		9: 75	
ARTICLE IV SHA The number of shares of ARTICLE V INIT	stock is: 100	s	FILING CANCE	
	Horace Taffe n/s/t	-	KETUKNED CH	ECN
Address	1501 Flager Dr	Address:		-
	West paint beach 11 33401		FILING CANC	- ELLEI
			RETURNED C	HECK
Address		Address:		• •
A Process			FILING CANCE	LLED
Name and Title:			RETURNED CF	IECK

FILING CANCELLED RETURNED CHECK

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:
Name:	Micheal Hurest	
Address:	121 s. orange ave	FILING CANCELLE
ridaress.	orlando fl 32801	RETURNED CHECK
ARTICLE VII	INCORPORATOR	
The name and ac	ddress of the Incorporator is:	
Name:	Micheal hurest	 FILING CANCELLEI
Address:	121 s. orange ave	- RETURNED CHECK
	orlando fl 32801	-
Having beeft nar this certificate, I	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
/ //	\	04/08/2014
	Required Signature/Registered Agent	Date
I submit this doc	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	# 1	04/08/2014
	Required Signature Incorporator	Date
1		