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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	being the On	du.
B 4/18	Offlice Use On	ну



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COVER LETTER

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

SUBJECT: Dylanna Publishing, Inc.					
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d 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 CO	PY REQUIRED		
FROM: D	ylanna Publishin	g, Inc. (Printed or typed)	·		
14	40 Bayshore Dri	ve			
Er	nglewood, FL 34	address 223			
94	City, 1146-6586	State & Zip			
 -	Daytime To	elephone number			
<u>jul</u>	liadanes@comca	ast.net	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)

r <u>icte ii - PRI</u> 40 Baysh	NCIPAL OFFICE Principal street address ORE Drive	Mailin	g address, if different is:
iglewood,	FL 34223		
FICLE III PUR purpose for which t	POSE the corporation is organized is: The purporation is organized is:	ose of this corpora	tion is book publishing.
		·	
	TIAL OFFICERS AND/OR DIRECTOR	<u>s</u>	14 APR I
ICLE V INIT		<u>\$</u> _ Name and Title:	17
ICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR		-
Name and Title Address	Julie Grady/President 1440 Bayshore Drive	Name and Title: Address: Name and Title:	17 PM 3: 30

Address		Address:
ARTICLE VI The name and Fluid Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of Julie Grady	the registered agent is:
Address:	1440 Bayshore Drive Englewood, FL 34223	DIVISION OF 17
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:	공
Name: Address:	Julie Grady 1440 Bayshore Drive Englewood, FL 34223	3: 30
I subnic his doc	Required Signature/Registered Agent	Date true. I am aware that the false information submitted in a

Name and Title:______ Name and Title:_____