

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
Dissertation Dynamics, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

B 5/29/14

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED

14 MAY 28 PM 2:55

TALLAHASSEE, FLORIDA

14 MAY 28 PM 12:50

DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Dissertation Dynamics, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 REQUIRED

FROM: Ausha Arnold

Name (Printed or typed)

8040 Excelsior Drive, Suite 200

Address

Madison, WI 53717

City, State & Zip

Daytime Telephone number

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 NAME

The name of the corporation shall be: Dissertation Dynamics, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

565 Foxhunt Circle

Same

Longwood, FL 32750-3349

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: business management services

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jook-Ting "J.T." Shim, Director

Name and Title: _____

Address 565 Foxhunt Circle

Address: _____

Longwood, FL 32750-3349

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 MAY 28 PM 12:50

SECRETARY OF STATE
DIVISION OF CORPORATIONS

(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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brent Buscay
Address: 9120 Double Diamond Parkway
Reno, NV 89521

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:  NRAI Services, Inc. 05/28/2014
c/o Danijela Byers, Asst. Secretary _____
Required Signature/Registered Agent 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.817.133, F.S.

 Brent Buscay, Incorporator 05/28/2014
Required Signature/Incorporator Date

12 MAY 28 PM 12:50
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION