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COVER LETTER

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

SUBJECT: DUC	OS Acquisition Co	orporation ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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
22 A. M	ichael Harris		

FROM:	Michael Harris				
	Name (Printed or typed)				
	1645 Palm Beach Lakes Blvd. Suite 1200				
	Address				
	West Palm Beach, FL 33401				
	City, State & Zip				
	561-471-3507				
	Daytime Telephone number				
	mharris@nasonyeager.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)

The name of the corporat	tion shall be: Duos Acquisition (orporation	·		
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address, i	f different is n		
819 SW Feder		819 SW Federal Highway			
Stuart, FL-349	· · · · · · · · · · · · · · · · · · ·	Stuart, FL 34994			
			三 3 2	,	
APTICI E III DIID	POSE		25 m		
The purpose for which the	<u>POSE</u> he corporation is organized is: The Cor	npany is organized fo	or the purpo	ose	
of transacting	any and all lawful busines	S.			
				-	
					
		700011			
4 DAYOT					
ARTICLE IV SHA The number of shares of	RES 100				
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR	5			
Name and Title		Name and Title:			
Address	819 SW Federal Highway	ddress:			
	Stuart, FL 34994				
					
Name and Title:		Name and Title:			
Address		4.11			
71441433		Addiess.			
					
Name and Title:		Name and Title:			
Address		Address:			
		W			

Name and	d Title:	Name and Title:_	
Address		Address:	
		_	227 5
ARTICLE VI	REGISTERED AGENT		AN 1888
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent	t is:
Name:	Michael Harris		PH 12: 56
Address:	1645 Palm Beach Lakes Blvd. Suite 1200		26 26
	West Palm Beach, FL 33401		Ψ'
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:		
Name:	Michael Harris		
Address:	1645 Palm Beach Lakes Blvd. Suite 1200		
	West Palm Beach, FL 33401		
Having been nam this certificate, I a	ned as registered agent to accept service of process m familiar with and accept the appointment as regi	for the above state stered agent and a	d corporation at the place designated in gree to act in this capacity
			02-06-2015
	Regulized Signature/Begistered Agent	_ 	Date
I submit this docu document to the L	ument and affirm that the facts stated herein are to Department of State constitutes afthird degree fellony	rue. I am aware the second of	nat the false information submitted in a s.817.155, F.S.
			02-06-2015
	Required Signature Incorporator		Date