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RE-SUBMIT

From:

To:

Account Name : C T CORPORATION GEN SUDMISSION 9/2

Account Number : FCA000000023 Phone

: (850)205-8842

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 DBU USA Inc.

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Corporate Filing Menu

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September 4, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: DBU USA INC. REF: W15000058611 *RE-SUBMIT*
Please retain original filing date of submission 9/2

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please accept our apology for failing to mention this in our previous letter.

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert Regulatory Specialist II New Filing Section FAX Aud. #: B15000212441 Letter Number: 615A00018723

COVER LETTER

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

SUBJECT:				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation an	d a check for:	
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	PPY REQUIRED	
FROM:		e (Printed or typed)		
	Address			
	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.

9/4/2015 4:45:40 PM From: To: 8506176381(5/6)

pros. | tues | 1 a 15 SEP -2 PM 12: 09

ARTICLES OF INCORPORATION

TOTAL NAME	Fig. 1. C. As
TICLE I NAME name of the corporation shall be:	Inc.
TICLE II PRINCIPAL OFFICE Principal afreet address	Mailing address, if different is:
O South Biscayne Boulevard, Suite 4700	
iami, FL 33131	
	ized is: The purpose of the Corporation is to engage in any lawful act
activity for which corporations may be organ	nized under the Florida Business Corporation Act.
	
RTICLE IV SHARES 100,000	
RTICLE IV SHARES 100,000 he number of shares of stock is:	
RTICLE V INITIAL OFFICERS AND/OL	
RTICLE V INITIAL OFFICERS AND/OF	R DIRECTORS Name and Title:
RTICLE V INITIAL OFFICERS AND/OF	R DIRECTORS Name and Title:
RTICLE V INITIAL OFFICERS AND/OF	Name and Title: Address:
RTICLE V INITIAL OFFICERS AND/OF	R DIRECTORS Name and Title:
Name and Title:Address	R DIRECTORS Name and Title: Address:
Name and Title: Name and Title:	Name and Title: Address: Name and Title:
Name and Title: Name and Title:	Name and Title: Address: Name and Title:
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Name and Title:	Name and Title: Address: Name and Title: Address:

Name an	d Title:	Name and Title:		
Address		Address:		
ARTICLE VI The name and F	REGISTERED AGENT pride street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	C T Corporation System			
Address:	1200 South Pine Island Road			
	Plantation, FL 33324.			
ARTICLE VII	INCORPORATOR			
The name and ac	Idress of the Incorporator is:			
Name:	Matteo G. Daste			
Address:	Squire Patton Boggs (US) LLP			
	275 Battery Street, Suite 2600, San Francisco, CA 94111			
Effective date, if		be more than five business days prior or 90 business		
	inserted in this block does not meet the applicable : ffective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as		
Having been nan this-certificate, I	med as registered agent to accept service of process any familiar with and accept the appointment as reg C Corporation System Cardell I	for the above stated corporation at the place designated in stered agent and agree to act in this capacity		
ti Jack	Required Signature/Registered Agent	Secretary 8/29/15 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.817.155, F.S.				
M	an a Boto	8/28/2015		
Requi	red Signature/Incorporator	Date		