

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

From: Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

15 SEP 10 PM 4:55

15 SEP 10 PM 2:16

****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
DAWN OF DESIGNS INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

SEP 1 12015

S. GILBERT
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Electronic Filing Menu Corporate Filing Menu

09-10-15:04:22PM;

4/ 4

Sep 10 15:03:38p

p.3

H15000218623 3.

DAWN OF DESIGNS INC.

This letter is to certify that I have no intention of revoking the dissolution that is being filed as of 9/9/15.

I Dawn Burke as president am sending Articles of Incorporation under the above name.

A handwritten signature in cursive script that reads "Dawn Burke". The signature is written in dark ink and is positioned above the printed name.

Dawn Burke

9/9/15

H15000218623 3

09-10-15:04:22PM;

2/ 4

Sep 10 15 03:38p

H15000218623 3

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15 SEP 10 PM 2:16
CLERK OF DISTRICT COURT
NORTH DAKOTA

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

ARTICLE I NAME DAWN OF DESIGNS INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
451 NORTHWEST 16TH STREET
BOCA RATON, FL 33432

Mailing address, if different is:

ARTICLE III PURPOSE ANY AND ALL LEGAL BUSINESS
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 1000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>DAWN BURKE, PRES</u>	Name and Title:	_____
Address	<u>451 NORTHWEST 16TH STREET</u>	Address:	_____
	<u>BOCA RATON, FL 33432</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

H15000218623 3

09-10-15:04:22PM;

3/ 4

Sep 10 15:04:09p

p.1

H15000218623 3

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: DAWN BURKE
Address: 451 NORTHWEST 16TH STREET
BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAWN BURKE
Address: 451 NORTHWEST 16TH STREET
BOCA RATON, FL 33432

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dawn Burke
Required Signature/Registered Agent

9/10/15
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.

Dawn Burke
Required Signature/Incorporator

9/10/15
Date

H15000218623 3