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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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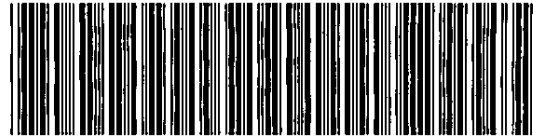
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** Digital Strategies Training, Corp.

(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:** Roy Buncome

\_\_\_\_\_  
Name (Printed or typed)

5000-18 US Highway 17 S. #43

\_\_\_\_\_  
Address

Fleming Island, Florida 32003

\_\_\_\_\_  
City, State & Zip

9044109000

\_\_\_\_\_  
Daytime Telephone number

roy.buncome@fcbaonline.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)

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**ARTICLE I NAME**

The name of the corporation shall be: Digital Strategies Training, Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

5000-18 US Highway 17 S. #43

Fleming Island, Fl. 32003

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We are a digital training company that provides online digital strategy products.

**ARTICLE IV SHARES**

The number of shares of stock is: 60,000 (sixty thousand)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Grzegorz Gutkowski, President

Name and Title: Roy Buncome VicePresident, Sec/Trea

Address 13245 Atlantic Blvd Suite 4-161  
Jacksonville, Fl. 32225

Address: 5000-18 Us Hwy 17 S. #43  
Fleming Island, Fl. 32003

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Roy Buncome  
Address: 5000-18 Us Hwy 17 S. #43  
Fleming Island, FL 32003

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Grzegorz Gutkowski  
Address: 13245 Atlantic Blvd Suite 4-161  
Jacksonville, FL 32225

**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*

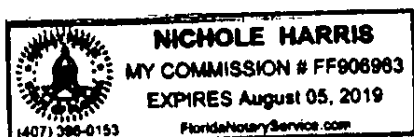
*Roy Buncome*  
Required Signature/Registered Agent

7/8/16  
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.*

*Grzegorz Gutkowski*  
Required Signature/Incorporator

7/8/16  
Date



7/8/16  
*Nichole Harris*