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(Re	questor's Name)				
(Address)					
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(Cit	y/State/Zip/Phone	∋ #)			
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

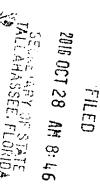
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COVER LETTER

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

SUBJECT: 1	addle Do	Ya Inc.	
50B0B011	(PROPOSED CORPORA	TE NAMÉ – <u>MÚST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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
		ADDITIONAL CO	Status OPY REQUIRED
FROM:	Helen H 1	Printed or typed)	
ė	RIGN. Helm	ners AVe.	
	Interlacher City,	1 <u>F1</u> 3219	48
	904-347-U	0445 elephone number	
_/	Tayeshha E-phail address: (to be use	MSN.COVY d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

FILED

2016 OCT 28 AM 8: 46

Helen Hayes Daddle Do Ya, Inc. 216 N. Helmers Ave. Interlachen, Florida 32148 October 24, 2016

SEUN, IARY OF STATE TALLAHASSEE, FLORIDA

Florida Department of State Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 850-245-6052

Dear Corporation Division,

The purpose of this correspondence is to inform you that I Helen Hayes will not be reinstated the corporation that was dissolved. (DADDLE DO YA, INC. document # P15000064575)

X

I am filing for a new corporation with the same name and have enclosed the new application along with payment for the new license.

Thank you for your prompt attention to this matter.

Sincerely,

Helen Hayes

President/Owner

Enclosure

Application dated 10/24/2016

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:	Daddle	Do Va	Inc.	
ARTICLE II PRINCIPAL OFFI Principal <u>st</u>		(Mailing address, if diffe	erent is:
216 N. Helme	ers Ave.			
Interlachen	FL 32148			
ARTICLE III PURPOSE The purpose for which the corporation	on is organized is:	od TRU	ick	
Name and Title:	RS AND/OR DIRECTORS	Name and Title	:	
). Helmers Au	Q . Address:		
DAte.	rlachen, IL			A SE 0
<u></u>	XIYO			00 ⁻ 2 사람사S
Name and Title:		Name and Title		8
Address		Address:		五 <u>二</u>
				R 5
Name and Title:		Name and Title		
				
				· · · · · · · · · · · · · · · · · · ·

Name and Title:	Name and Title: FHED			
Address	Address: 2016 OCT 28 AM 8: 46			
	TALL AHASSEE, FLORIDA			
ARTICLE VI REGISTERED AGENT				
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of	the registered agent is:			
Name: Helen tayes				
Address: alle N Helmer's Alle				
Interlachen, FL 32	448			
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				
Name: Helen Hayes				
Address: 216 N Helmers Ave				
	32148			
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (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 s the document's effective date on the Department of State's records.	tatutory filing requirements, this date will not be listed as			
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				
Required Signature/Registered Agent	10242016			
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.				
the second of the constitutes a intra degree Jelony	as providea for in \$.81 /.155, F.S.			
Required Signature/Incorporator	10 24 201 6			