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COVER LETTER

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

SUBJECT:	DUKE'S DIR (PROPOSED CORPORA	ECT, ENC, TENAME-MUSTINCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	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	DPY REQUIRED
FROM:	BRYAN D. GA Nam	e (Printed or typed)	
	WEST PALM BEA City	<u>сн, рс 33401</u> , State & Zip	17 FAR 27 A
_	813-760-74 Daytime	6 リ Felephone number	1:37
	BG 2344@ YO	choo.com	
	E-mail address: (to be use	ed 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 corporati	ion shall be: DUKE'S DI	RECT, INC.	
ARTICLE II PRINC	IPAL OFFICE Principal street address	Mailing address	, if different is:
•			
west palm	Beach, FL 33401		
ARTICLE III PURPO The purpose for which th	SE Se corporation is organized is:any	and all igwrot by	siness
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIA	stock is: 1		Mil 27 Mi 7: 37
Name and Title	: BRYAN GATIASSO, PI	Name and Title:	
Address	woo clema lis sireet	Address:	
	Apt 134		
	west Palm beach, FC 3340		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	
		· · ·	

Name and Title:		Name and Title:		
Address		Address:		
	LEGISTERED AGENT prida street address (P.O. Box NOT acceptable) of	f the registered agent is:		
Name:	Biyan gaHasso	*		
Address:	610 clematis st, Apt 1	94 = 1 A		
	west palm heach, FL 334	17		
ARTICLE VII	NCORPORATOR			
The name and ad	dress of the Incorporator is:			
Name:	Bryan Gattasso	- <u>a</u> Fir		
Address:	610 clematis St, Apt 13	34		
	west palm Brach, FL	_3340l		
Effective date, if of (If an effective date)	-	ot be more than five days prior or 90 days after the		
	inserted in this block does not meet the applicable : fective date on the Department of State's records.	statutory filing requirements, this date will not be listed as		
	m familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity		
	Required Signature/Registered Agent	Date		
	iment and affirm that the facts stated herein are in	true. I am aware that the false information submitted in a		
accument to the I	SAL	y us provided for in sol 1.133, F.is.		
Requir	ed Signature/Incorporator	Date		