

PA3000032555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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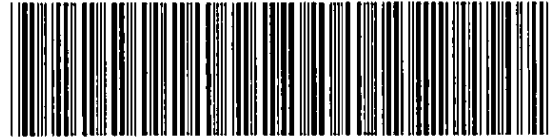
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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*Handwritten signature/initials*

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2023 APR 25 AM 11:38

SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 700709 7456992

AUTHORIZATION :



COST LIMIT : \$78.75

-----  
ORDER DATE : April 25, 2023

ORDER TIME : 10:57 AM

ORDER NO. : 700709-005

CUSTOMER NO: 7456992  
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DOMESTIC FILING

NAME: DFSCS INVESTMENTS, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** DFSCS Investments, Inc.

(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Polsinelli PC c/o Dylan Warren

Name (Printed or typed)

150 N Riverside Suite 3000

Address

Chicago, IL 60606

City, State & Zip

312-463-6389

Daytime Telephone number

dwarren@polsinelli.com

E-mail address: (to be used for future annual report notification)

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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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: DFSCS Investments, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1235 Calypso Way  
Oviedo, FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful purpose for which a corporation may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Scates, President, Secretary and Director

Name and Title:

Address 1235 Calypso Way  
Oviedo, FL 32765

Address:

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: Corporation Service Company \_\_\_\_\_

Address: 1201 Hays Street \_\_\_\_\_

Tallahassee, FL 32301 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: Christopher K. Buch \_\_\_\_\_

Address: 150 N Riverside Suite 3000 \_\_\_\_\_

Chicago, IL 60606 \_\_\_\_\_

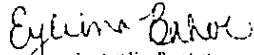
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 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*



\_\_\_\_\_  
Required Signature/Registered Agent

04/25/2023

\_\_\_\_\_  
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.*

/s/ Christopher K. Buch

\_\_\_\_\_  
Required Signature/Incorporator

4/25/2023

\_\_\_\_\_  
Date

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TALLAHASSEE, FL