## Florida Department of State Di Sievos Cyporations Toni Cilin Cov Shee 3333

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## FLORIDA PROFIT/NON PROFIT CORPORATION DVN SOLUTIONS INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$70.00

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CLE III PURPOSE  Urpose for which the corporation is organized is: ANY AND ALL LAWFUL	Mailing address, if different is: 133 PARKSIDE MEADOW DR. AMPA, FL 33625	CIPAL OFFICE Principal <u>streef</u> address w DR.	CLE II PRIN
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	REGISTERED AGENT lorida street address (P.O. Box NOT acceptab	ole) of the registered agent is;	
Name:	FRANK JANUSAS		
Address:	6133 PARKSIDE MEADOW DR.		
	TAMPA, FLORIDA 33525		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and no	ldress of the Incorporator is:		
Name:	LAWRENCE KIRSCH		
Address:	41 STATE STREET SUITE 700		
	ALBANY, NY 12207	<del></del>	
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and o	(OPTIONA cannot be more than five days	L) prlor or 90 days after the
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Having been nam certificate, I am j	ed as registered agent to accept service of proc familiar with and accept the appointment as	cess for the above stated corporating	ion at the place designated in this ct in this capacity
/S/ FRANK J/	4NUSAS		2/21/24
	Required Signature/Registered Agent		Date
l submit this doci document to the l	ument and affirm that the facts stated hereir Department of State constitutes a third degre	n are true. I am aware that the j ee felony as provided for in s.81	false information submitted in a 7.155, F.S.
L	mune a Krish	<u> </u>	2/21/24
Required Signatur	re/Incorporator		Date Date
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			US: 31 STATE CORIDA

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