

P24000032554

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

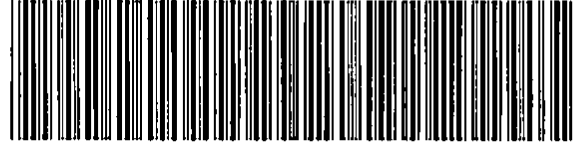
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**155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE:
(800) 435-9371; FAX: (866) 860-8395**

DATE: 05/13/2024

NAME: DALLAIRE INDUSTRIES INC.

TYPE OF FILING: ARTICLES

COST: 70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

A handwritten signature in black ink, appearing to be 'V' followed by a long, wavy line.

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TALLAHASSEE, FL

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: Dallaire Industries Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1521 Concord Pike, Suite 201

Concord, DE 19803

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All legal purposes in Florida

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Dallaire, PRESIDENT

Address 1521 Concord Pike, Suite 201

Concord, DE 19803

Name and Title: David Dallaire, SECRETARY

Address: 1521 Concord Pike, Suite 201

Concord, DE 19803

Name and Title: David Dallaire, DIRECTOR

Address 1521 Concord Pike, Suite 201

Concord, DE 19803

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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ALABAMA SECRETARY OF STATE
MONTGOMERY, AL

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: PARACORP INCORPORATED

Address: 155 OFFICE PLAZA DR 1ST FLR

TALLAHASSEE FL 32301

ARTICLE VII INCORPORATOR

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

Name: Frances Severe

Address: 2804 Gateway Oaks Drive, Ste 100

Sacramento, CA 95833

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

See attached

Required Signature/Registered Agent

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.

[Signature]

Required Signature/Incorporator

05/10/2024

Date

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DEPT. OF STATE

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

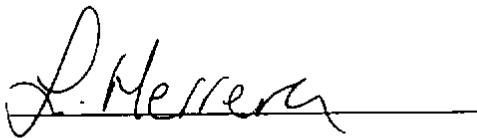
DATE: 05/10/2024

ENTITY NAME: Dallaire Industries Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.



Leticia Herrera, Assistant Secretary
Paracorp Incorporated

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