P97000015378

TRANSMITTAL LETTER

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



SUBJECT: <u>JUI Proposed corporate name - must include s</u>	RAM INC. DODOO 20876900 -02/14/9701028001 ******70.00 ******70.00	
Enclosed is an original and one (1) copy of the articles of incorporation and a check		
for: \$70.00 \$78.75 \$122.50 Filing Fee & Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM: THOMAS F. RUCKER, SR. Name (printed or typed)		
1225 Hausehill Ro Address	0 4 <u> </u>	
WEST PAIN BEACK City, State & Zip	TE 33417	
(561) 689 · 2343 Daytime Telephone number		

1/2/18

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



ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

DUI PROTECTION PROGRAM, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1225 HAVERHILL ROAD WEST PAIN BEACH, TE 33417

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

THOMPS F. RUCKER, SE.
1225 HANGELIN ROAD
WEST FALL BEACH, FE 33417

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

1225 HAVERLI ROAD WEST FALL BEARL, TO 33417

Articles of Incorporation

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: DUT Protection F	Rogan, Inc
2. The name and address of the registered agent and office is:	
THOMAS F. RUCKER, SR. (Name)	SECRETARY U SECRETARY U INISION OF COS.
1225 HAUSPHILL ROAD	OF STATE
(P.O. Box <u>not</u> acceptable)	
WEST PAIN BEALL, TE 33417 (City/State/Zip)	16

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

po to Kuchu di.

(Signature)

30 1/2 1997