

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302  
(904) 224-5770 • 1-800-342-8062 • Fax (904) 222-1222

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-06/12/97--01004--020  
\*\*\*131.25 \*\*\*131.25

*DLP; INC.*

**FILED**

97 JUN 12 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

☒ Art of Inc. File

☐ LTD Partnership File

☐ Foreign Corp. File

☐ L.C. File

☐ Fictitious Name File

☐ Name Reservation

☐ Merger File

☐ Art. of Amend. File

☐ RA Resignation

☐ Dissolution / Withdrawal

☐ Annual Report / Reinstatement

☒ Cert. Copy

☐ Photo Copy

☒ Certificate of Good Standing

☐ Certificate of Status

☐ Certificate of Fictitious Name

☐ Corp Record Search

☐ Officer Search

☐ Fictitious Search

☐ Fictitious Owner Search

☐ Vehicle Search

☐ Driving Record

☐ UCC: 1 or 3 File

☐ UCC: 11 Search

☐ UCC: 11 Retrieval

☐ Courier

**RECEIVED**  
97 JUN 12 AM 10:08  
DIVISION OF CORPORATION

*6/18*  
*AN 97 13795*  
*K.R. JUN 12 1997*

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

RECEIVED

97 JUN 12 PM 2:16  
DIVISION OF CORPORATION

June 12, 1997

CAPITAL CONNECTION, INC.  
417 E VIRGINIA STREET  
SUITE 1  
TALLAHASSEE, FL 32302

SUBJECT: DLP, INC.  
Ref. Number: W97000013795

We have received your document for DLP, INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6932.

Kimberly Rolfe  
Document Specialist

Letter Number: 297A00031635

*Corrected*

## 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.*

**FILED**  
97 JUN 12 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

DLP of Brevard, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

2529 majestic Ave  
melbourne, Florida 32934

### ARTICLE III SHARES

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

100 shares

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Peters  
2529 majestic Ave  
Melbourne, Florida 32934

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

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

Robert Peters  
Vice President  
2529 majestic Ave  
Melbourne, Florida 32934

DIANE PETERS  
President  
2529 majestic Ave.  
Melbourne, Florida 32934

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8<sup>th</sup> day of June, 19 97.

(An additional article must be added if an effective date is requested.)

Robert J. Peters  
Signature

Diane L. Peters  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: DLP of Brevard, Inc.
2. The name and address of the registered agent and office is:

Robert Peters  
(NAME)

2529 MAJESTIC AVE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MELBOURNE, FL. 32934  
(CITY/STATE/ZIP)

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97 JUN 12 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Robert J. Peters  
(SIGNATURE)

6-8-97  
(DATE)