## 80024681 7209 N HALE AVE TAMPA FIG 33614 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. (Corporation Name) (Document #) 2. (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Certified Copy Pick up time ☐ Walk in ☐ Will wait Photocopy Certificate of Status Mail out NEW FILINGS AMENDMENTS Profit Amendment Resignation of R.A., Officer/ Director NonProfit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Merger Other OTHER FILINGS REGISTRATION/ **OUALIFICATION** Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Examiner's Initials

Trademark

Other

CR2E031(1/95)

# ARTICLES OF INCORPORATION

of

	D.R.s	TECH NOLOGIES	INC.	9
	(n	name of corporation)		9 55
The undersigned subscr corporation under the	iber(s) to these Articles of laws of the State of Flor	Incorporation, natural per rida.	son(s) competent (	to contract, hereby form &
	ARTICL	E I - CORPORATE NAM	1E	5
The name of the corp	oration is:	-		圣
	D. R. s.	TECHNOLOGIES	INC.	<u>ب</u>
<del></del>	ART	TICLE II - DURATION		
This corporation shall	exist perpetually unless d	lissolved according to Flo	rida law.	
	ARS	TICLE III - PURPOSE		
The corporation is orga United States and the	nnized for the purpose of e State of Florida.	engaging in any activities of	or business permit	ted under the laws of the
	ARTICI	LE IV - CAPITAL STOC	Ж .	- -
The corporation is auth	norized to issueON	HUNDRED shares	(100 ) of _	ONE DOLLAR
Dollar(s) (\$ 100	par value (	Common Stock, which sh	all be designated	"Common Shares."
	ARTICLE V - INITIA	L REGISTERED OFFIC	E AND AGENT	
The principal office, if	known, or the mailing a			
NAME	DR.S. TECHN	OLOGIES INC.		
ADDRESS	7209 N	HALE AVE		
CITY	TAM04	FLORID	Λ	ZIP 33614
The name and street	address of the Initial Reg	gistered Agent of this Co	rporation is:	
NAME	DAVID Sch	HOEN BRUN		
ADDRESS	1209 N	Hale Ave	. 12 31	•
CITY	TAMOR	FLORID	Λ	ZIP 33614
		INITIAL BOARD OF DI	RECTORS	
This corporation shall hincreased or diminishe addresses of the initia		/ directors initia	lly. The number	of directors may be either one (1). The names and
NAME	DAVID SCH	OEN BRUN		
ADDRESS	1209 N	HALE AVE		
CITY	TAMPA	STATE	FL	ZIP 33614
NAME				, <u>.</u>
ADDRESS				
CITY		STATE	_	ZIP
NAME				
ADDRESS		3 3 5 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		
CITY		STATE		ZIP
	INCORPORATION, PAGE I	PAGE 1		SEMINOLE-MIAM(

#### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAMI:	DAVID SCHOENB	กบฟ	· · · · · · · · · · · · · · · · · · ·	<del></del>		
ADDRESS	1209 N HAle	e the				. ,
:rry	TAMPA		STATE	FL	ZIP	336 14
IAME						
DDRESS		<u> , , , , , , , , , , , , , , , , ,</u>			-	
TTY			STATE		ZIP	٠.
IAME						
DDRESS				-		
TTY			STATE		ZIP	
						(Scal)
STATE OF FLO					-	
COUNTY OF _	SS Hillsborough )	_			_	
before me, a Not	ary Public authorized to take acl	knowledgements	in the State	and County s	set forth above	, personally
	David Schoenbrun	<u> </u>				
	nd known to be the person(s) fore me that exec				Incorporation	i, and who
IN WITNESS WE	HEREOF, I have hereunto affixed	I my hand and sea	al, in the Stat	e and County	aforesaid, this	124h
	ch, 1998.			1		
	(Notary Seal)	(Notary Public, Sylv	e) of Florida at	Large)	<u> </u>	
MY MY		My Commission exp				

SEMINOLE-MIAMI

October 13, 2001 BONDED THRU TROY FAIN INSURANCE, INC.

### CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

TECHNOLOGIES

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

DAVID SchoENBRUN located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.