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D M. 5 P.O.BOX 381114 Murdock 71 33938

Office Use Only

CORPORATION NAME(S)	& DOCUMENT NUMBER(S)	, (if known):
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1. <u>D. M</u>	(Corporation Name)	iaties Inc. (Document #)	_
2	(Corporation Name)	(Document #)	_
3	(Corporation Name)	(Document #)	_
4	(Corporation Name)	(Document #)	_
Walk in	Pick up time Will wait	Certified Copy Photocopy Certificate of Status	

NEW FILINGS		
	Profit	
	NonProfit	
	Limited Liability	
	Domestication	
	Other	

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

400002607704--6 -08/05/98--01036--001 *****\$5.00 ******35.00

400002607704--6 -08/05/98--01036--002 *****35.00 *****35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SMITH AUG 1 7 1998.

Examiner's Initials		 	
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FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

August 10, 1998

D.M.S. P.O. BOX 381114 MURDOCK, FL 33938

SUBJECT: D.M.S. INC.

Ref. Number: W98000018113

We have received your document for D.M.S. INC. and your check(s) totaling \$70.00. 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 a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of 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 (850) 487-6927.

Tracy Smith Document Specialist

Letter Number: 698A00041594

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION of D.M.S. SPECIALTIES INC.

The undersigned incorporator(s), for the purpose of filing a corporation organized under the Florida Business Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I CORPORATE NAME

The name of this corporation is D.M.S. SPECIALTIES INC.

ARTICLE II INITIAL PRINCIPAL OFFICE

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

P.O. Box 381114 Murdock, FL 33938

ARTICLE III SHARES

The total number of shares of stock that this corporation is authorized to have outstanding at anyone time is 0.

ARTICLE IV REGISTERED OFFICE AND AGENT

The name and Florida street address of the initial registered agent are:

Deborah L. Groves
D.M.S. SPECIALTIES INC.
2162 Abalom St.
Charlotte County
Port Charlotte, FL 33980

ARTICLE V INCORPORATOR (S)

The names and residence addresses of the incorporator (s) to these Articles of Incorporation are:

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STALLAHASSEE, FLORID

Deborah L. Groves 2162 Abalom St. Port Charlotte, FL 33980

Mary L. Abbott 2162 Abalom St. Port Charlotte, FL 33980

Sherry L. Neeley 3907 30th St. SW Lehigh Acres, FL 33971

The directors shall be divided into 1 classes, the number of directors to be allocated to each class to be as nearly equal as possible and with the term of office in one class expiring each year after the initial annual meeting of shareholders.

Certification

I certify that I have read the above Articles of Incorporation and that they are true and correct to the best of my knowledge.

Deborah L. Groves, Incorporator	DATE_ 8-14-98
2162 Abalom St. Port Charlotte, FL 33980	
Mary & Short	DATE 8-/4-98
Mary L. Abbott, Incorporator 2162 Abalom St. Port Charlotte, FL 33980	·
Sherry L. Neeley, Incorporator 3907 30th St. SW Lehigh Acres. FL. 33971	DATE 8/14/98

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 I 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.

Deborah L. Groves, Registered Agent

2162 Abalom St.

Port Charlotte, FL 33980