

TRANSMITTAL LETTER

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

SUBJECT:

DX1 INC

(Proposed corporate name - must include suffix)

EFFECTIVE DATE

1-15-99

300002743873--5

-01/15/99--01062--002

*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM:

FAYE DUNLAP

Name (Printed or typed)

1737 W OAKRIDGE ROAD

Address

ORLANDO FL 32809

City, State & Zip

407 851 3075

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

99 JAN 15 PM 1:48

FILED

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

JAN 28 1999
JAN 20 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 20, 1999

FAYE DUNLAP
1737 W OAKRIDGE ROAD
ORLANDO, FL 32809

SUBJECT: DX1, INC.
Ref. Number: W99000001480

We have received your document for DX1, INC. and your check(s) totaling \$78.75. 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) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 499A00002671



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 28, 1999

FAYE DUNLAP
1737 W OAKRIDGE ROAD
ORLANDO, FL 32809

SUBJECT: DXONE, INC.
Ref. Number: W99000001480

We have received your document for DXONE, INC. and your check(s) totaling \$78.75. 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.

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Dana Calloway
Document Specialist

Letter Number: 499A00003931

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

DUNLOW, Inc.

~~DXI, INC~~

~~DXONE, INC~~

ARTICLE II PRINCIPAL OFFICE

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

1737 WEST OAKRIDGE ROAD
ORLANDO FL 32809

ARTICLE III SHARES

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

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

FAYE L. DUNLAP
1737 WEST OAKRIDGE ROAD
ORLANDO FL 32809

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

FAYE L. DUNLAP 1737 W. OAKRIDGE RD, ORLANDO FL 32809

ARTICLE VI EFFECTIVE DATE

THE EFFECTIVE DATE OF INCORPORATION IS JANUARY 13, 1999

Faye L. Dunlap
Signature/Incorporator

January 13, 1999
Date

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

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

Faye L. Dunlap
Signature/Registered Agent

1-13-99
Date

FILED
99 JAN 15 PM 1:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

EFFECTIVE DATE
1-13-99