

TRANSMITTAL LETTER

P99000059073

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

SUBJECT: D GROUP COMPANIES, INC.

(Proposed corporate name - must include suffix)

500002916965--8  
-06/28/99--01078--004  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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 of Status

\$78.75  
Filing Fee  
& Certified Copy

☒ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: MICHAEL W. DONOVAN  
Name (Printed or typed)

7860 PALM AIRE LANE #103  
Address

SARASOTA FL 34243  
City, State & Zip

941-360-9224  
Daytime Telephone number

FILED  
99 JUN 28 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

ajc 6/30

ARTICLES OF INCORPORATION  
OF

D GROUP COMPANIES, INC.

ARTICLE I

The name of this corporation shall be D Group Companies, Inc.

ARTICLE II

The principal place of business and the mailing address of this corporation shall be 7860 Palm Aire Lane, #103, Sarasota, Florida 34243, in Manatee County.

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000.

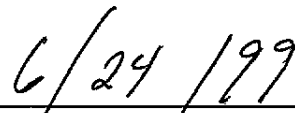
ARTICLE IV

The name and Florida street address of the initial registered agent is Betty Donovan, 7173 W Country Club Drive N, #142, Sarasota, Florida 34243.

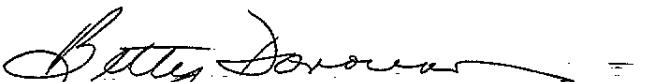
ARTICLE V

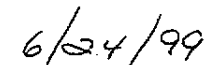
The name and address of the incorporator to these Articles of Incorporation is: Michael W. Donovan, 7860 Palm Aire Lane, #103, Sarasota, Florida 34243.

  
Signature/Incorporator

  
Date

*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.*

  
Signature/Registered Agent

  
Date

FILED  
99 JUN 28 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA