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

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dAb Suncoast Marketing Inc.

(Proposed corporate name - must include suffix)

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

\$70.00

3 \$78.75 Filing Fee

Filing Fee

& Certificate of Status

\$78.75

[

\$87.50

Filing Fee & Certified Copy Filing Fee,

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: Derek Brunet

Name (Printed or typed)

10315 Fulton Ave.

Address

Brooksville, F1. 34614

City, State & Zip

352-596-0030

Daytime Telephone number



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

9(7/2

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: dAb Suncoast Marketing Inc.

ARTICLE II PRINCIPAL OFFICE

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

10315 Fulton Ave. Brooksville, Fl. 34614

ARTICLE III SHARES

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

one hubdred (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Kathe Brunet 10315 Fulton Ave. Brooksville, Fl. 34614

ARTICLE V _ INCORPORATOR

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

Derek Brunet 10315 Fulton Ave. Brooksville, Fl. 34614

Signature/Incorporator

6/25'/99 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

Signalure/Registered Agent

Date