

P99000086191

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Darrell's Innovative
Solutions

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-09/24/99--01034--011
*****78.75 *****78.75

505
W99-22129

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 29 PM 1:18

✓ Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
✓ Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

RECEIVED
99 SEP 24 AM 10:03
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
SECRETARY OF STATE

8/29/99

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 29 PM 1:18

September 24, 1999

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET #1
TALLAHASSEE, FL 32302

SUBJECT: DARRELL'S INNOVATIVE SOLUTIONS
Ref. Number: W99000022129

We have received your document for DARRELL'S INNOVATIVE SOLUTIONS. However, the document has not been filed and is being returned for the following:

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 487-6973.

Claretha Golden
Document Specialist

Letter Number: 399A00046888

Corrected

RECEIVED
99 SEP 29 AM 10:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

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

ARTICLE I — NAME

The name of the corporation shall be:

Darrell's Innovative Solutions, Inc.

ARTICLE II — PRINCIPAL OFFICE

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

18131 Swan Lake Dr.
Lutz, FL 33549

ARTICLE III — SHARES

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

100

ARTICLE IV — INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Darrell A. Hancock
18131 Swan Lake Dr.
Lutz, FL 33549

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ARTICLE V — INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Darrell A. Hancock
18131 Swan Lake Dr.
Lutz, FL 33549

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this _____
day of September 15, 19 99.

Signature

Darrell A. Hancock
Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

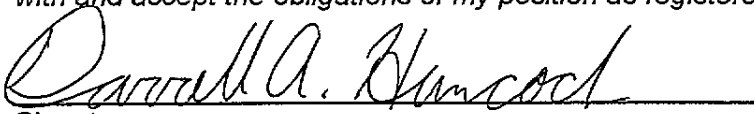
Darrell's Innovative Solutions, Inc.

2. The name and address of the registered agent and office is:

Darrell A. Hancock
18131 Swan Lake Dr.
Lutz, FL 33549

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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

9-15-99
Date

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314