

PD5000/17070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TRANSMITTAL LETTER

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

SUBJECT: DONALD SANDERS BALIS INDIVIDUAL CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: DONALD S. BALIS
Name (Printed or typed)

723 SE SHADOW WOOD DR
Address

LAKE CITY FL 32024
City, State & Zip

386-752-0148
Daytime Telephone number

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

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

DONALD SANDERS BALIS INDIVIDUAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

723 SE. SHADOW WOOD DR LAKE CITY FL. 32024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUILDING CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DONALD S. BALIS

723 SE SHADOW WOOD DR LAKE CITY FL 32024

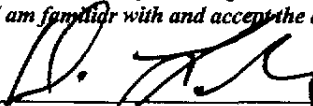
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONALD S. BALIS

723 SE SHADOW WOOD DR LAKE CITY FL. 32024

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature Registered Agent

8-16-05
Date


Signature/Incorporator

8-16-05
Date