

P00000038236

TRANSMITTAL LETTER

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

FILED
00 APR 10 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: T & K DAVIS, INC.
(Proposed corporate name - must include suffix)

000003201870--7
-04/10/00--01127--010
*****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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: TERRY B DAVIS
Name (Printed or typed)

14859 HARTFORD RUN DR
Address

ORLANDO, FL 32828
City, State & Zip

407 (Home) 281 7997 or 407 (Work) 737 6227
Daytime Telephone number

F. CHAMBERLAIN APR 17 2000

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

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:

T & K DAVIS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14859 HARTFORD RUN DR
ORLANDO, FL 32828

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

TERRY B. DAVIS
14859 HARTFORD RUN DR
ORLANDO, FL 32828

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are:

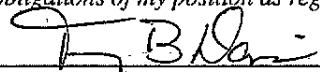
TERRY B. DAVIS
14859 HARTFORD RUN DR
ORLANDO, FL 32828

ARTICLE VII INCORPORATOR

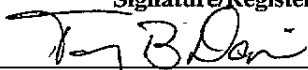
The name and address of the Incorporator are:

TERRY B. DAVIS
14859 HARTFORD RUN DR
ORLANDO, FL 32828

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



Signature/Incorporator

3-13-2000

Date

3-13-2000

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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