

P00000096439
TRANSMITTAL LETTER

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

600003422986--8
-10/12/00-D1061-025
*****78.75 *****78.75

SUBJECT: Donald Briggs 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
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 Briggs
Name (Printed or typed)

201 E. Maxanna Blvd
Address

Sebring Florida 33875
City, State & Zip

863-443-1142
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 12 PM 3:59

FILED

Donald Briggs GAVE
AUTHORIZATION BY PHONE TO
CORRECT SharCS
DATE 10-12-00
DOC. EXAM. aj

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

aj 10/12

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:

Donald Briggs Inc.

ARTICLE II PRINCIPAL OFFICE

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

201 E. Maxanna Blvd
Sebring Fl. 33875

ARTICLE III SHARES

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

one

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Donald R. Briggs
201 E. Maxanna Blvd
Sebring Fl. 33875

ARTICLE V INCORPORATOR

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

Donald Briggs
(same as above)

Don Briggs
Signature/Incorporator /
Registered Agent

8-13-00

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 12 PM 3:59

FILED