

TRANSMITTAL LETTER

P01000019289

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

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02/19/01--01098--020
*****78.75 *****78.75

SUBJECT: D. Cain, 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

FILED
01 FEB 21 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: RJ Huisinow
Name (Printed or typed)

3033-1 Hartley Road
Address

Jacksonville FL 32257
City, State & Zip

(904) 288-6166
Daytime Telephone number

904-288-6168-Fax

F. CHESTER FEB 21 2001

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

W-113933

ARTICLES OF INCORPORATION

The undersigned David Cain, 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: **D Cain, Inc**

ARTICLE II PRINCIPAL OFFICE

The principal office of business and mailing address of this corporation shall be **3033-1 Hartley Road, JACKSONVILLE FL 32257**

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

R. J. HUISINGA 3033 HARTLEY ROAD #2 JACKSONVILLE, FL 32257

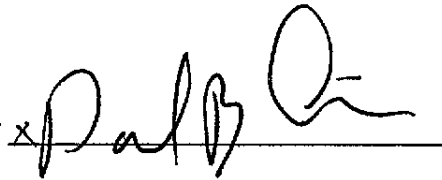
ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: **DAVID CAIN, 8116 AXSON STREET JACKSONVILLE FL 32220**

ARTICLE VI EFFECTIVE DATE

The effective date of incorporation shall be February 15, 2001

Signature / incorporator



Date

2-7-01

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

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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