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TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JAN -9 AM 10:54

SUBJECT: C.O. DAVIS & ASSOCIATES, 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: CAROL D. DAVIS
Name (Printed or typed)

C/O COMPLETE ACCOUNTING SOLUTIONS
4444 MEADOWS AVE.
Address

JACKSONVILLE, FLORIDA 32210
City, State & Zip

(904) 388-5700
Daytime Telephone number

8000004763788--1

-01/10/02--01014--004

*****78.75 *****78.75

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

A. GESSER JAN 14 2001

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:
C.O. DAVIS & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
9110 GALVESTON AVENUE
JACKSONVILLE, FL 32211

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
1,000 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent is:
CARY O. DAVIS
9110 GALVESTON AVENUE
JACKSONVILLE, FL 32211

ARTICLE V INCORPORATOR

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

CARY O. DAVIS
9110 GALVESTON AVENUE
JACKSONVILLE, FL 32211



Signature/Incorporator

1-8-01

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



Signature/Registered Agent

1-8-01

Date

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