P02000030083

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

| SUBJECT: Dany C. C. C. MONS INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | | |
|--|--|--|---|-------------|---------------------|--|--|
| | | 90 | 00005135 -03/20/02 ****175.00 | -01005- | 96 001 *87.50 | | |
| Enclosed is an origin | al and one(1) copy of the article | es 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 o Status | | | | |
| | | ADDITIONAL CO | PY REQUIRED | | | | |
| FROM | Danny C. 925 E, Magn | CleMons. inted or typed) olia Dr. Apt | ARY OF STAILS SSEE, FLORIDA | 19 PH 3: 41 | | | |
| | talla husse City, | State & Zip | Gr. | NECE | † | | |
| | 850 - 656 Daytime To | elephone number | PAPERATION | | | | |

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

J43/19

| 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: Danny C-Clemons I | | • | | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 725 E. Magnoli fallahassee f/. | ia Di 323 | (- A, | pt. | Q 3 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: | | | | - - |
| ARTICLE IV SHARES The number of shares of stock is: | | SECRETA TALLAHAS | EZ 198 19 | 7 |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Danny (. Clemons 925 E. Magnolia Dr. Apt Q3 tallahusse fl. 32301 CEC | | RY OF STATE SSEE, FLORIDA | 3 PM 3: 41 | |
| The name and Florida street address of the registered agent is: \[\int \text{QNNY (\cdot Clemons \\ 925 \overline{E}. Magnotia \text{DC} \\ \frac{1}{\text{all allassee}, \overline{FL}. \\ \text{32361} \] ARTICLE VII INCORPORATOR | | | | |
| The <u>name and address</u> of the Incorporator is: D CLUMY C. CLEMONS INC 925 F. Maga Wig Dr. + allahasse & FL - 323 W ************************************ | ·**** | ***** | ***** | **** |
| Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in the | | | gnated ? | in this |
| Signature/Registered Agent Date Continue Continue Signature Incorporator Date | 3-/9 | 9- 0 | <u>-</u> 2 | - |