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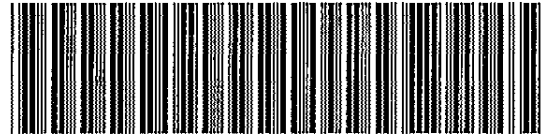
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ALLAHABAD, INDIA

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Daryl Hallock Enterprise, Inc.

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

☒ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

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____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

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____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 27, 2004

CAPITAL CONNECTION, INC.

SUBJECT: DARYL HALLOCK ENTERPRISE, INC.
Ref. Number: W04000003518

We have received your document for DARYL HALLOCK ENTERPRISE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

The format of the articles are difficult to decipher.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White
Document Specialist
New Filings Section

Letter Number: 804A000055

Please Asap



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

**ARTICLES OF INCORPORATION
OF
DARYL HALLOCK ENTERPRISE, INC.**

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**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER
THE LAWS OF THE STATE OF FLORIDA.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - CORPORATE NAME

**THE NAME OF THE CORPORATE IS: DARYL HALLOCK ENTERPRISE, INC.
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS: 2031 BLAIR RD JACKSONVILLE, FL. 32220**

ARTICLE II - DURATION

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED
ACCORDING TO FLORIDA LAW.**

ARTICLE III -PURPOSE

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE
STATE OF FLORIDA.**

ARTICLE IV- CAPITAL STOCK

**THE CORPORTATION IS AUTHORIZED TO ISSUE (five hundred) SHARES
(500) OF (one) DOLLAR (s) (\$ 1.00) PAR VALUE COMMON STOCK, WHICH SHALL
BE DESIGNATED "COMMON STOCK"**

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:
NAME: DARYL HALLOCK

PRINCIPLE AND MAILING ADDRESS: 2031 BLAIR RD.

CITY: JACKSONVILLE

FLORIDA

ZIP 32220

ARTICLE VI- INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE ONE (1)
DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR
DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).
THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE
CORPORATION ARE AS FOLLOWS:

NAME: DARYL HALLOCK

PRINCIPLE AND MAILING ADDRESS: 2031 BLAIR RD.

CITY: JACKSONVILLE

FLORIDA

ZIP 32220

ARTICLE VII - INCORPORATORS

THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF
INCORPORATION ARE AS FOLLOWS:

NAME: DARYL HALLOCK

PRINCIPLE AND MAILING ADDRESS: 2031 BLAIR RD.

CITY: JACKSONVILLE

FLORIDA

ZIP 32220

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE
ARTICLES OF INCORPORATION THIS 8th DAY OF JANUARY 2004

Daryl Hallock (SIGN)

____ (SIGN)

____ (SIGN)

STATE OF FLORIDA

SS

COUNTY OF DUVAL

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

NAME: DARYL HALLOCK

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT
(HE) & (SHE)
EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE
STATE AND COUNTY AFORESAID THIS 8th DAY OF January 2004

(NOTARY SEAL)

Linda L. Wilson



Linda L. Wilson
MY COMMISSION # CC987703 EXPIRES
December 17, 2004
BONDED THRU TROY FARM INSURANCE, INC.

(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON
MY COMMISSION # CC987703
MY COMMISSION EXPIRES: DECEMBER 17, 2004

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TALLAHASSEE FLORIDA

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TALLAHASSEE FLORIDA

CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF DARYL HALLOCK ENTERPRISE, INC.
(Name of corporation)

**PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING
SUBMITTED:**

**THE ABOVE CORPORATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION**

AT: 2031 BLAIR RD.
JACKSONVILLE, FL 32220

HAS NAMED: DARYL HALLOCK

**LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT
SERVICE OF PROCESS WITHIN THIS STATE.**

ACKNOWLEDGEMENT

**HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS
A REGISTERED AGENT.**


DARYL HALLOCK (Registered agent)