

P04000044110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

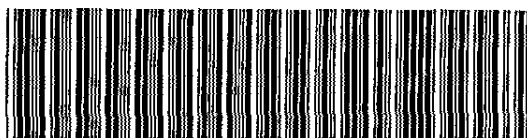
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2004 MAR -4 P 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: DOEFONO, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: DOEFONO, INC.
Name (Printed or typed)

410 NORTH GREENWOOD AVENUE
Address

FORT SMITH, AR 72901-3456
City, State & Zip

479-783-8088
Daytime Telephone number

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

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:

DOEFONO, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5296 S.E. MATOUSEK STREET
STUART, FL. 34997

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for the purpose of conducting any and all legal business.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares of one cent par value common stock which shall be designated common shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Charles W. Reeves
5296 S.E. Matousek Street
Stuart, FL 34997
President

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

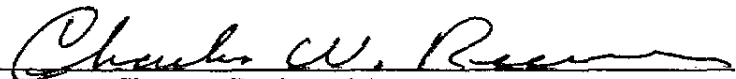
Charles W. Reeves
5296 S.E. Matousek Street
Stuart, FL 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Charles W. Reeves
5296 S.E. Matousek Street
Stuart, FL 34997

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent Charles W. Reeves

3-2-04

Date



Signature/Incorporator Charles W. Reeves

3-2-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA