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TRANSMITTAL LETTER

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

SUBJECT: Dav	rren Merrill, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFLX)
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	d a check for:
_			
□ \$70.00	1 \$78.75	\$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Darren Merrill		
	Name	(Printed or typed)	
		•	
	16904 Diplomat Dr.	t .	<u> </u>
		Address	,
_	Spring Hill, FL. 34 City.	510	
	City,	State & Zip	
_	(352) 398-5973		a.
	Daytime T	elephone number	

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

ARTICIALS OF INCORPCINE In Frompliance with Chapter 607 a		F.S. (Profit)				
ARTICLE I NAME The name of the corporation shall	be:					
Darren Merrill, Inc.						
ARTICLE II PRINCIPAL The principal place of business/ma			is the second of	,		
16904 Diplomat Dr. Spring Hill, FL. 34610		,				
ARTICLE III PURPOSE The purpose for which the corporation	ation is organized is	:				
Construction, Residential a	end Commercial					
ARTICLE IV SHARES The number of shares of stock is:			: ;;;;; = - ++ + + + + + ; ;			. ye.
100						_
ARTICLE V INITIAL OFF The name(s), address(es) and title Darren Merrill President a 16904 Diplomat Dr. Spring Hill, FL. 34610	(s):	ORS (option	<u>a1</u>)		04 MAR 29 PM	SECRETARY OF SIVISION OF 10
ARTICLE VI REGISTE	RED AGENT	· = · · // · · · · · · · · · · · · · · ·	MgSa ⊥a Sayrrrm =	and the desired of the second	12: 59	
The name and Florida street addr	cess of the registered	d agent is:	5 4			-
Darren Merrill 16904 Diplomat Dr. Spring Hill, FL. 34610		r T	-			
ARTICLE VII INCORPOR The name and address of the Incorporation		, , , , , , , , , , , , , , , , , , ,	¥	· = = 1		
Darren Merrill 16904 Diplomat Dr. Spring Hill, FL. 34610		••	•			
*****	**********	******	*****	*****	****	***
Having been named as registered agent to certificate, Vam familiar with and accept	o accept service of proc the appointment as segi	ess for the above stered agent and i	stated corpora agree to act in	tion at the place this capacity	designated	in this
1/	Lund 1	n	<u></u>	<u> </u>	<u>04</u>	
Signature/Registered Age	ent 1			Date		

Signature/Incorporator