

P04000158689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

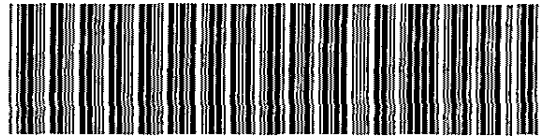
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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11-22

## TRANSMITTAL LETTER

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

SUBJECT: D.M. Owens Enterprises 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  
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: Michael IRVING Owens

Name (Printed or typed)

4020 W. Bugleview DR.

Address

Tallahassee, FL 32317

City, State & Zip

850-591-7610

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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: *D.M. Owens Enterprises Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: *4020 W. Buglevue DR.  
Tallahassee, Fl. 32317*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Legal Business*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

*President + TREASURER, Director Michael I. Owens 4020 W. Buglevue.  
Vice President + Secretary, Director Denise F. Owens Tallahassee, Fl. 32317*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Michael I. Owens  
4020 W. Buglevue DR.  
Tallahassee, Fl. 32317*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Michael I. Owens  
4020 W. Buglevue DR.  
Tallahassee, Fl. 32317*

\*\*\*\*\*

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:

*Michael Owens*  
Signature/Registered Agent

*11/16/04*  
Date

*Michael Owens*  
Signature/Incorporator

*11/16/04*  
Date

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