

P05000017058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

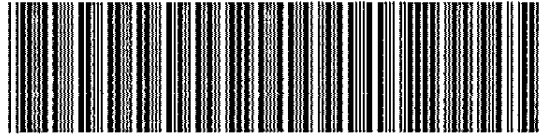
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600044756166

01/27/05--01043--005 **78.75

05 JAN 27 PM 2:33
SECRETARY OF STATE
-ALL AMASSEE, CT 06024

APPROVED
AND
FILED

TRANSMITTAL LETTER

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

SUBJECT: CORDELE DAWSON CORPORATION
(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 R. CAREY
Name (Printed or typed)

712 SOUTH OREGON AVENUE
Address

TAMPA, FLORIDA 33606
City, State & Zip

813/250-0577
Daytime Telephone number

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

APPROVED
AND
FILED

05 JAN 27 PM 2:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: *CORDELE DAWSON CORPORATION*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*P.O. BOX 18341
TAMPA, FLORIDA 33679*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: *100 COMMON SHARES*

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

*CAREY, MICHAEL R.
712 SOUTH OREGON AVENUE
TAMPA, FLORIDA 33606*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*TIM KLACE
P.O. BOX 18341
TAMPA, FLORIDA 33679*

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 R. Carey

Signature/Registered Agent

1/24/05

Date

Tim Klace

Signature/Incorporator

1/20/2005

Date