# P0500066844

(Re	questor's Name)	<u></u>
(Ad	dress)	
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,		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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# , TRANSMITTAL LETTER

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

SUBJECT: JOHN I	R DANIEL INC (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: JO	HN R DANIEL Name	e (Printed or typed)	<u> </u>
	1069 PRINCEWOOD DRIVE	Address	
<u>:</u>		, State & Zip	
	407-973-7431		

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

Daytime Telephone number

#### 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:

JOHN R DANIEL INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1069 PRINCEWOOD DRIVE, ORLANDO, FL 32810



# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES OR THE STATE OF FLORIDA

# ARTICLE IV SHARES

The number of shares of stock is: 1000

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN R DANIEL, 1069 PRINCEWOOD DRIVE, ORLANDO, FL 32810 PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

JOHN R DANIEL, 1069 PRINCEWOOD DRIVE, ORLANDO, FL 32810

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JOHN R DANIEL, 1069 PRINCEWOOD DRIVE, ORLANDO, FL 32810

Signature/Incorporator Date