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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

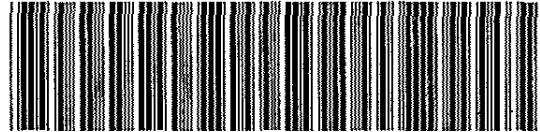
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. Shivers JUL 26 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** David Gavin Florida, 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:** Jeffrey Gavin Lyle

Name (Printed or typed)

11 Railroad Plaza

Address

Millerton New York 12546

City, State & Zip

518.789.6481

Daytime Telephone number

05 JUL 25 4:08:53  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

**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:

David Gavin Florida, Inc.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

104-42 St Tropez Place, Tampa, Fl. 33615

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Hair Salon

### **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):

Jeffrey Gavin Lyle, 104-42 St Tropez Pl. Tampa, Fl 33615 Pres, Treas.

David, Ramon, 104-42 St Tropez PL. Tampa, Fl 33615 V.P., Sec.

### **ARTICLE VI      REGISTERED AGENT**

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

Jeffrey Gavin Lyle

104-42 St. Tropez Pl. Tampa Fl. 33615

### **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Jeffrey Gavin Lyle

104-42 St Tropez Pl. Tampa, Fl 33615

\*\*\*\*\*

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

JEFFREY GAVIN LYLE

Signature Incorporator

JEFFREY GAVIN LYLE

Date

Date