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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: David Schock Consulting, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: David Schock
Name (Printed or typed)

18011 S. Tamiami Trail, Suite 16, Box 86
Address

Fort Myers, Florida 33912
City, State & Zip

239-645-0032
Daytime Telephone number

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 Schock Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18011 S. Tamiami Trail, Suite 16, Box 86

Fort Myers, Florida 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide consulting for the development of property parcels.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Schock (President/Principle)

17444 Oriole Road

Fort Myers, Florida 33913

ARTICLE VI REGISTERED AGENT

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

David Schock

18011 S. Tamiami Trail, Suite 16, Box 86

Fort Myers, Florida 33912

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Schock

18011 S. Tamiami Trail, Suite 16, Box 86

Fort Myers, Florida 33912

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



Signature/Incorporator

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 SEP 12 PM 1:16

FILED



Date



Date