

PD6000013889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

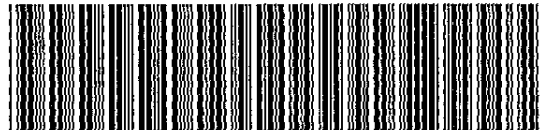
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06 JAN 25 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. J. 1-2

TRANSMITTAL LETTER

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

SUBJECT: Moon River Coach Inc
(Proposed corporate name-must include suffix)

Enclosed is 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 Dennis L Gaye
Name (Printed or typed)

4620 Carson Cove Dr.
Address

Orlando, Fl 32811
City, State & Zip

321-231-4357
Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles Of Incorporation.

ARTICLE 1 NAME

The name of the corporation shall be:

Moon River Coach Inc

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**4620 Carson Cove Dr.
Orlando . FL 32811**

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

50,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**Dennis L Gaye
4620 Carson Cove Dr.
Orlando , FL 32811**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**Dennis L Gaye
4620 Carson Cove Dr.
Orlando , FL 32811**


Signature/Incorporator

11-22-05
DATE

ARTICLE VI PRESIDENT'S NAME AND ADDRESS

**Dennis L Gaye
4620 Carson Cove Dr.
Orlando , FL 32811**

(An additional article must be added if an effective date is requested.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and accept the obligations of my position as registered agent.

L. D. C.
Signature/Registered Agent

11.22.05
DATE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA