

P08000016864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

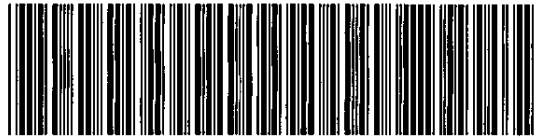
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



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01/24/08--01018--018 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 15 PM 4:45

W08000004250

SP 2/15/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2008

DOUG CHADBOURNE
6348 DEARMAN ST.
COCOA, FL 32927

SUBJECT: DOUG CHADBOURNE CO
Ref. Number: W08000004250

We have received your document for DOUG CHADBOURNE CO and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 608A00005479

RECEIVED
08 FEB 15 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Doug Chadbourne Co.
(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: Doug Chadbourne
Name (Printed or typed)

6348 Dearman St
Address

Cocoa, FL 32927
City, State & Zip

850 - 496 - 7101
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:

Doug Chadbourne Co

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6348 Dearman St
Cocoa, FL 32927

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Medical Services

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):

Doug Chadbourne, 6348 Dearman St, Cocoa, FL
32927 President

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 15 PM 4:45

ARTICLE VI REGISTERED AGENT

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

Doug Chadbourne, 6348 Dearman St, FL, 32927
Cocoa, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Doug Chadbourne, 6348 Dearman St, FL, 32927
Cocoa, FL


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

1/20/08

Date



Signature/Incorporator

2/08/08

Date

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DIVISION OF CORPORATIONS
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