

P08000017070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

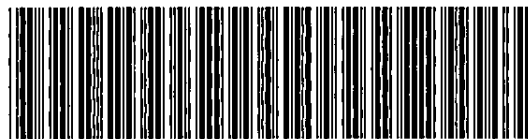
(Business Entity Name)

(Document Number)

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

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02/18/08--01008--003 \*\*70.00

RECEIVED  
08 FEB 18 AM 9:53  
TALLAHASSEE, FLORIDA

FILED  
08 FEB 18 AM 9:59  
TALLAHASSEE, FLORIDA

CS 2-18

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Dave D Broadway  
(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: \_\_\_\_\_

Dave D Broadway

Name (Printed or typed)

3715 Bloxham Cutoff Rd

Address

Crawfordville FL 32327

City, State & Zip

850 4216006

933 3803

Daytime Telephone number

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

I Dave Broadway Have No  
~~Intention~~ INTENTION on Revisiting Dave Broadway LLC  
& Releasing The Name

Dave D Broadway

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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## ARTICLE I NAME

The name of the corporation shall be:

Dave D Broadway INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3715 Bloxham Ctoll Rd  
Crawfordville FL 32327

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is:

10 shares

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Dave D Broadway President

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**ARTICLE VI REGISTERED AGENT**

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

Dave Broadway 3715 Bloxham Ct off rd  
Crawfordsville IN 46037

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

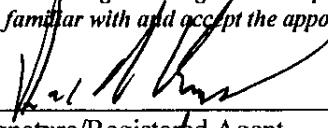
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

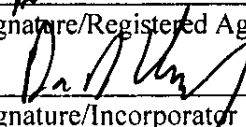
Dave Broadway 3715 Bloxham Ct off rd  
Crawfordsville IN 46037

\*\*\*\*\*

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

2 18 08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/18/08  
\_\_\_\_\_  
Date