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(R -	equestor's Name))
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(C	ity/State/Zip/Phon	ie #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Na	me)
(Di	ocument Number)	· ·
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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AUG 25 2009 D. A. WHITE

COVER LETTER

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

SUBJECT:	DAYTONAVR.COM			
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>ude suffix</u>)	
Enclosed are an orig	rinal and one (1) copy of the art	ticles of incorporation and	l a check for:	
☑ \$70.00 Filing Fee	·	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status	
FROM:		DAYTONAVR.COM Inc. Name (Printed or typed)		
		. BOX 2521		
		Address		
		ACH, FLORIDA 32176		
	City	, State & Zip		
		5.843.1437		
	Daytime	Telephone number		
	INFO@DA	YTONAVR.COM N		
	E-mail address: (to be use	ed for future annual report	nonneation)	

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

DAYTONAVR.COM, Inc.

2009 AUG 24 P 3 42

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 476 SOUTH HALIFAX ORMOND BEACH, FLORIDA 32176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any and all business permitted under the laws of the State of Florida and elsewhere, including but not limited to all aspects of graphic design, website development and digital photography.

ARTICLE IV SHARES

The number of shares of stock is:

10.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT

JOHN M. WASHE

P.O. BOX 2521, ORMOND BEACH, FL 32176

ARTICLE VI REGISTERED AGENT

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

JOHN M. WASHE 476 SOUTH HALIFAX

ORMOND BEACH, FLORIDA 32176

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

DEVRIESE & ASSOCIATES, P.A.

140 S. ATLANTIC AVENUE

ORMOND BEACH, FLORIDA 32176

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

8/20/09 Date

Date