P09000085516

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
NO CUPT 3				



500161691095

10/15/09--01019--002 **78.75

2009 OCT 15 PM 4: 29

OCT 1 6 2009

COVER LETTER

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

SUBJECT:	David Foreman Inc.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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:	David Foreman Name (Printed or typed)		
<u> </u>	43 Fullerwood Dr		
		Address	
	St,Augustine Fl . 32084		
	City, State & Zip		
	904 814 0349		
	Daytime 1	Celephone number	
<u></u>	dave4man1951@yahoo.com		
	E-mail address: (to be use	ed for future annual report	notification)

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

2009 OCT 15 PM 4: 29

ARTICLE I NAME

The name of the corporation shall be:

David Foreman Inc.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

43 Fullerwood DR St. Augustine Fl.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction 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):

David Foreman 43 Fullerwood Dr. St. Augustine, Fl. President Vincent Foreman 43 Fullerwood Dr. St. Augsutine, Fl Vice President

ARTICLE VI REGISTERED AGENT

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

David Foreman 43 Fullerwood Dr. St.Augustine Fl. 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Foreman 43 Fullerwood Dr.St.Augustine Fl.

Contract the second of the

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

<u>10-12-2</u>w9

10-12-2008

)ate