

PI1000024037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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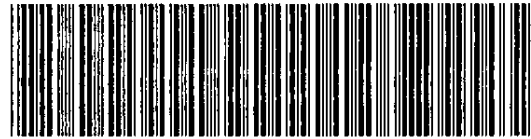
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR - 7 PM 3:57

APPROVED
AND
FILED

Handwritten signature

COVER LETTER

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

SUBJECT: DC K FINANCIAL CORPORATION
(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: DAVID KEEL
Name (Printed or typed)

4582 WHISPERING INLET DR.
Address

JACKSONVILLE, FL 32277
City, State & Zip

904-743-8006
Daytime Telephone number

DC KEEL@COMCAST.NET
E-mail address: (to be used 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)

APPROVED
AND
FILED

ARTICLE I. NAME

The name of the corporation shall be: DCK FINANCIAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

4582 WHISPERING INLET DR.
JACKSONVILLE, FL 32277

Mailing address, if different is:

11 MAR -7 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM VARIOUS SALES ACTIVITIES IN
REAL ESTATE AND INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID KEEL, PRESIDENT
Address: 4582 WHISPERING INLET DR.
JACKSONVILLE, FL 32277

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DAVID KEEL
Address: 4582 WHISPERING INLET DR.
JACKSONVILLE, FL 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID KEEL
Address: 4582 WHISPERING INLET DR.
JACKSONVILLE, FL 32277

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]
Required Signature/Registered Agent

3/3/2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]
Required Signature/Incorporator

3/3/2011
Date