

P11000026154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

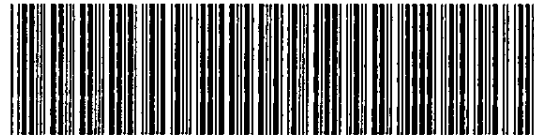
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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03/14/11--01061--004 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DUCKWEED, INC
(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: DRENT DEATHERAGE
Name (Printed or typed)

1108 N. FRANKLIN ST. #1604
Address

TAMPA FL 33602
City, State & Zip

(707) 332-0441
Daytime Telephone number

TNERB68@gmail.com
E-mail address: (to be used for future annual report notification)
TNERB68@gmail.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: DUCKWEED, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1108 N. FRANKLIN ST., #604
TAMPA, FL 33602

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRENT DEATHERAGE, CEO
Address: 1108 N. FRANKLIN ST., #604
TAMPA, FL 33602

Name and Title: MICHELLE DEATHERAGE, PRESIDENT
Address: 1108 N. FRANKLIN ST., #604
TAMPA, FL 33602

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: BRENT DEATHERAGE
Address: 1108 N. FRANKLIN ST., #604
TAMPA, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

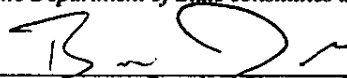
Name: BRENT DEATHERAGE
Address: 1108 N. FRANKLIN ST., #604
TAMPA, FL 33602

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


Required Signature/Registered Agent

3/4/11
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.


Required Signature/Incorporator

3/4/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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