P11000028913

(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:

Office Use Only



300198107433

03/22/11--01014--027 **87.50

11 MAR 22 PM 2: 24

COVER LETTER

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

SUBJECT: Fenton Davis Services Co.			
(PROPOSED CORPORATE	TE NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Allen Foy Name	(Printed or typed)		
5900 Taylor Rd	ddress		
Naples, Florida 34109	udiess		
City, S	State & Zip		
239-597-6485			
·	elephone number		
afoy@fentondavis.com 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)

ARTICLE II	PRINCIPAL OFFICE Principal street address	Mailing address, if different is:		
	5900 Taylor Rd			
	Naples, FL 34109		<u> </u>	
ARTICLE III	PURPOSE		33 =	
The purpose fo	r which the corporation is organized is:			
Engage in	business of General Contractor			
			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
			<u> </u>	
ARTICLE IV	SHARES		3	
	shares of stock is:100		,,	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	TORS		
	d Title: Allen Foy - President		Brown - Treasurer	
Address:	5900 Taylor Rd	Address: 5900 Ta	vlor Rd	
	Naples FL 34109		L 34109	
Name and Address:	d Title:	Name and Title:		
Address:		Address.		
Name an	d Title:	Name and Title		
Address:		Address:		
ARTICLE VI	REGISTERED AGENT			
The <u>name and</u> Name:	Florida street address (P.O. Box NOT acceptable Allen Foy			
Address:	Allen Foy 5900 Taylor Rd			
	Naples Él 34109			
ARTICLE VI	I INCORPORATOR			
	address of the Incorporator is:			
Name:	Allen Foy			
Address:	5900 Taylor Rd			
	Naples FL 34109		•	
	amed as registered agent to accept service of pr			
this certificate,	I am familiar with and accept the appointment a	s registered agent and agree to act	in this capacity	
	(1/11/2		03/18/2011	
	Required Signature/Registered Agent		Date	
	•	•		
	ocument and affirm that the facts stated herein			
document to th	e Department of State constitutes a third degree f	etony as provided for in s.817.155,	, F.S.	
	/ H I A / I			
			03/18/2011	