

P11000052324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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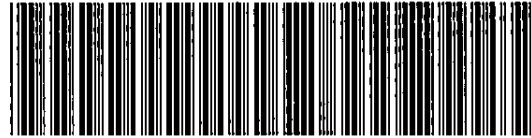
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN -2 AM 10:50

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MRS
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COVER LETTER

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

SUBJECT: DAYTONA ANSWERING SERVICE, 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: JAMES H GARRETT
Name (Printed or typed)

P.O. BOX 6008
Address

DAYTONA BEACH, FL 32122-6008
City, State & Zip

386-677-3710
Daytime Telephone number

JAMESHGARRETT@AOL.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 I NAME

The name of the corporation shall be: DAYTONA ANSWERING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1740 VALENCIA
ORMOND BEACH, FL 32174

Mailing address, if different is:
P.O. BOX 6008
DAYTONA BEACH, FL 32122-6008

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporations may be incorporated under the Laws of the State of Florida and the United States of America including but not limited to Answering Services.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES H GARRETT, PTD
Address: 1740 VALENCIA
ORMOND BEACH, FL 32174

Name and Title: _____
Address: _____

Name and Title: JENNIFER K. JAMES, VSD
Address: 9548 LINGWOOD TRAIL
ORLANDO, FL 32817

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: JAMES H GARRETT
Address: 1740 VALENCIA
ORMOND BEACH, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES H GARRETT
Address: 1740 VALENCIA
ORMOND BEACH, FL 32174

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

5/31/11
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

5/31/11
Date

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11 JUN -2 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA