

P11 000080551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

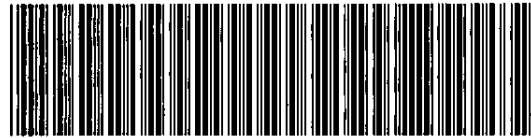
(Document Number)

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Office Use Only



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W11-  
42073

FILED

2011 SEP 12 PM 4:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 SEP 13 2011

## COVER LETTER

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

SUBJECT: D.D.A. CO.  
(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: Margarita Polanco  
Name (Printed or typed)  
4672 Bobolink Way  
Address  
Crestview, FL. 32539  
City, State & Zip  
888-613-5509  
Daytime Telephone number  
godis305@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 SEP 12 AM 10:47  
DIVISION OF CORPORATIONS

August 11, 2011

MARGARITA POLANCO  
4672 BOBOLINK WAY  
CREATVIEW, FL 32539

SUBJECT: D.D.A. CO.  
Ref. Number: W11000042073

We have received your document for D.D.A. CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 911A00018887

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
2011 SEP 12 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: McCaskey Enterprises CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
467A Bobolink way  
Crestview, FL 32539

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to transact any and all lawful activities or business permitted under the laws of the United States of America in the State of Florida or any other state, county, territory or nation

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000,000 shares of common stock without nominal or par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Margarita Polanco, President  
Address: 467A Bobolink way  
Crestview, FL 32539

Name and Title: Margarita Polanco, Treasurer  
Address: 467A Bobolink way  
Crestview, FL 32539

Name and Title: Margarita Polanco, V.P.  
Address: 467A Bobolink way  
Crestview, FL 32539

Name and Title: Willie McCaskey, CFO  
Address: 363 upper Riverdale Rd, A4  
Riverdale, GA 30274

Name and Title: Margarita Polanco, Secretary  
Address: 467A Bobolink way  
Crestview, FL 32539

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: Stream L. Services  
Address: 5986 Chandler Rd.  
Crestview, FL 32539

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Margarita Polanco  
Address: 467A Bobolink way  
Crestview, FL 32539

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

By: M. Polanco  
Required Signature/Registered Agent

9-8-2011  
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.

x Margarita Polanco  
Required Signature/Incorporator

9-8-2011  
Date