

711000090054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

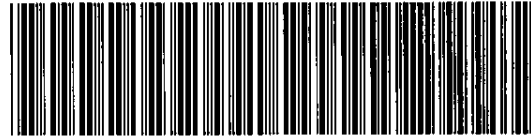
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 OCT 13 AM 10:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 14 2011

Division of Corporations
Tallahassee Florida

10/12/2011

To Whom It May Concern:

I am requesting that my corporation name of David Erickson Inc
Be released and I do not retain the name effective immediately.

This is a unanimous choice by the stockholders.

Thank you,

David Erickson

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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:

David Erickson Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and check for:

☐

\$70.00
Filing Fee

☒

\$78.75
Filing Fees &
Certificate of Status

☐

\$78.75
Filing Fee
& Certified Copy

☐

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Name (Printed or typed)
Nettie Davis, Inc.
846 SW Main Blvd.
Lake City, FL 32026 Address
City, State & Zip
386-752-4576
Daytime Telephone number
dichardchief58@yahoo.com
Email Address: (to be used for future annual report notification)

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:

DAVID ERICKSON, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

31 TEAK LOOP
OCALA FL 34472

mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTIONS

Name and Title: DAVID ERICKSON Pres

Address:

31 TEAK LOOP
OCALA, FL 34472

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:

Address:

DAVID ERICKSON
31 TEAK LOOP
OCALA FL 34472

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Nettie Davis, Inc.
846 SW Main Blvd.
Lake City, FL 32025

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

David Erickson

Required Signature/Registered Agent

10/7/11
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.

Nettie Davis

Required Signature/Incorporator

10/7/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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