

P11000090629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

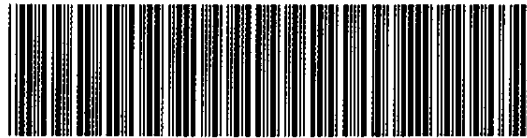
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/13/11--01016--004 **87.50

10 OCT 13 PM 12:25
TALLAHASSEE, FLORIDA

K 10/17/11

COVER LETTER

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

SUBJECT: Dagny Taggart, Incorporated
(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: Mark Calabrese
Name (Printed or typed)

500 Lake Catherine Drive
Address

Maitland, FL 32751
City, State & Zip

407.927.9090
Daytime Telephone number

mark.calabrese@gmail.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: **Dagny Taggart, Incorporated**

ARTICLE II PRINCIPAL OFFICE

Principal street address
500 Lake Catherine Drive
Maitland, FL 32751

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**A for-profit Engineering Services, Information Technology, and
Project Management Services company**

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Laurie L. Calabrese, CEO**
Address: **500 Lake Catherine Drive**
Maitland, FL 32751

Name and Title: _____

Address: _____

Name and Title: **Mark Calabrese, PRESIDENT**
Address: **500 Lake Catherine Drive**
Maitland, FL 32751

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:

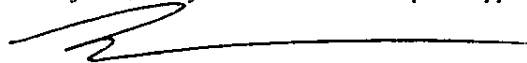
Name: **Mark Calabrese**
Address: **500 Lake Catherine Drive**
Maitland, FL 32751

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Mark Calabrese**
Address: **500 Lake Catherine Drive**
Maitland, FL 32751

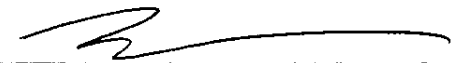
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/10/11
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

10/10/11
Date

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11 OCT 13 PM 12:25
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA