

P12000005410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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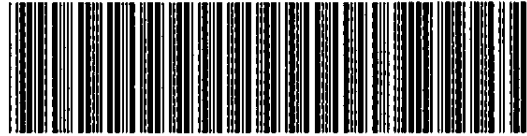
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TC 01/17/12

COVER LETTER

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

SUBJECT: Darche Welding Services Corp.
(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: David A. Darche
Name (Printed or typed)

5277 S. Ridgewood Av. #10
Address

Port Orange, FL. 32127
City, State & Zip

(386) 675-2022
Daytime Telephone number

DAVID.DARCH@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:

DARCNE WELDING SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

**5277 S. Ridgewood Av. #10
Port Orange, FL.
32127**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES, \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **David A. Darcne**
Address: **5277 S. Ridgewood Av. #10
Port Orange, FL. 32127**

Name and Title: **PRESIDENT + DIRECTOR**
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: **David A. Darcne**
Address: **5277 S. Ridgewood Av. #10
Port Orange, FL. 32127**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **DAVID A. DARCNE**
Address: **5277 S. RIDGEWOOD AVE #10
PORT ORANGE, FL. 32127**

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

1-10-12
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.

David A. Darcne
Required Signature/Incorporator

1-10-12
Date

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