

P12000037364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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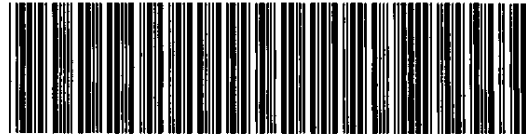
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 APR 19 PM 3:40
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

K 04/20/12

COVER LETTER

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

SUBJECT: M & M Davenport, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Michael Davenport

Name (Printed or typed)

559 Kensington Lake Circle

Address

Brandon, FL 33511

City, State & Zip

813-304-6775

Daytime Telephone number

mdave826@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

M & M Davenport, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
559 Kensington Lake Circle
Brandon, FL 33511

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized to provide customer services in the transportation/distribution field.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Michael Davenport, COO**
Address: **559 Kensington Lake Circle**
Brandon, FL 33511

Name and Title: **Mario R Davenport, Vice President**
Address: **559 Kensington Lake Circle**
Brandon, FL 33511

Name and Title: **Madeline Davenport, CFO**
Address: **559 Kensington Lake Circle**
Brandon, FL 33511

Name and Title: _____
Address: _____

Name and Title: **Michael B Davenport, Vice President**
Address: **559 Kensington Lake Circle**
Brandon, FL 33511

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: **Madeline Davenport**
Address: **559 Kensington Lake Circle**
Brandon, FL 33511

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Michael Davenport**
Address: **559 Kensington Lake Circle**
Brandon, FL 33511

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TALLAHASSEE, FLORIDA

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

Madeline Davenport
Required Signature/Registered Agent

04/16/12
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.

Michael Davenport
Required Signature/Incorporator

04/16/12
Date