

P1200008016f

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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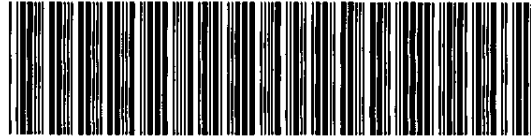
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 20 2012

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169



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2012

DONALD DANIELSON
1029 PALMER RD
ROCKLEDGE, FL 32955

SUBJECT: DONALD DANIELSON INC.
Ref. Number: W12000046284

We have received your document for DONALD DANIELSON INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6052.

Justin M Shivers
Regulatory Specialist II
New Filing Section

Letter Number: 012A00022626

COVER LETTER

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

SUBJECT: Donald Danielson 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

☐ \$78.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Donald Danielson

Name (Printed or typed)

1029 Palmer Rd.

Address

Rockledge Fl 32955

City, State & Zip

321-632-4307

Daytime Telephone number

dubbed73@yahoo.com

E-mail 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: **Donald Danielson Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1029 Palmer Rd.
Rockledge FL 32955

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Lawn Care

ARTICLE IV SHARES

The number of shares of stock is: **100 shares**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Daneilson	Name and Title: _____
Address: 1029 Palmer Rd.	Address: _____
Rockledge FL 32955	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: **Donald Danielson**
Address: **1029 Palmer Rd.**
Rockledge FL 32955

ARTICLE VII INCORPORATOR

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

Name: **Donald Danielson**
Address: **1029 Palmer Rd.**
Rockledge FL 32955

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

9-17 -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.



Required Signature/Incorporator

9-17-12

Date

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TALLAHASSEE, FLORIDA

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