

P12000101385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

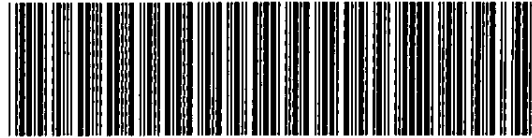
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800242241258

12/12/12--01013--004 **70.00

FILED
12 DEC 12 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FL

T. Burch DEC 13 2012

COVER LETTER

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

SUBJECT: **ROSS DAVIES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: **ROSS CAPEL-DAVIES**
Name (Printed or typed)

2367 MAIN ST.
Address

SARASOTA, FL 34237
City, State & Zip

941-356-4581
Daytime Telephone number

rosscapeldavies@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: **ROSS DAVIES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

2367 MAIN STREET

SARASOTA, FL 34237

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE GENERAL HANDYMAN SERVICES TO RESIDENTIAL CUSTOMERS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROSS CAPEL-DAVIES, PRESIDENT

Address: 2367 MAIN STREET

SARASOTA, FL 34237

Name and Title:

Address:

Name and Title: KATE DANIEL, SECRETARY

Address: 2367 MAIN STREET

SARASOTA, FL 34237

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: GEORGE I AUGUSTIN CPA PA

Address: 240 N WASHINGTON BLVD. STE. 301

SARASOTA, FL 34236

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROSS CAPEL-DAVIES

Address: 2367 MAIN STREET

SARASOTA, FL 34237

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

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

Date

FILED
DEC 12 PM 3:55
TAMPA, FLORIDA

11-29-2012

11/29/12