P13000011974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MR 2/6/13

COVER LETTER

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

SUBJECT: Radon Enterprises, 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: Dona Fagan
Name (Printed or typed)

625 Amber Jack Ct.
Address

Barefoot Bay, FL 32976
City, State & Zip

772-664-0903
Daytime Telephone number

donafagan@cfl.rr.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: Radon Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
625 Amber Jack Ct.
Barefoot Bay, FL 32976

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
The purpose of the corporation is to conduct any lawful purpose or purposes.

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ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dona Fagan, President, Secretary, Treasurer
Address: 625 Amber Jack Ct.
Barefoot Bay, FL 32976

Name and Title:
Address:

Name and Title:
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: Dona Fagan
Address: 625 Amber Jack Ct.
Barefoot Bay, FL 32976

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
Name: Dona Fagan
Address: 625 Amber Jack Ct.
Barefoot Bay, FL 32976

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

Dona Fagan
Required Signature/Registered Agent

1-26-2013
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.

Dona Fagan
Required Signature/Incorporator

1-26-2013
Date