# P130000007610

(Red	uestor's Name)			
(Add	dress)			
(Add	iress)			
(City	//State/Zip/Phone	<del>;</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nan	ne)		
(Document Number)				
Certified Copies				
Special Instructions to Filing Officer:				
<del>W13-16</del>	0073	<u>.</u>		

Office Use Only



900244622789

-

02/18/13--01017--006 \*\*78.75 /

FILED

13 MAR 21 PM 2: 22

SECRETARY OF STATE
SECRETARY OF STATE
SECRETARY OF STATE

ALL AHASSEE FLORID

#### **COVER LETTER**

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

SUBJECT: COL	DY DUNCAN, IN	IC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u> )
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
FROM: C	ODY DUNCAN		
1	1332 GRANDVIL		
TI	EMPLE TERRA	Address CE, FL 33617	

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

727-418-7325



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 19, 2013

CODY JAMES DUNCAN 11332 GRANDVILLE DR. TEMPLE TERRACE, FL 33617

SUBJECT: DUNCAN, INC. Ref. Number: W13000010073

We have received your document for DUNCAN, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The registered agent must sign accepting the designation.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 313A00004028

Division of Comparations DO DOV 6297 Tallahassas Florida 2921

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal office Principal street address 1332 GRANDVILLE DR. EMPLE TERRACE, FL 33617			Mailing address, if different is:
TCLE III PU	RPOSE  the corporation is organized is: ALL L	EGAL BU	JSINESS
			13 MAR 21 PM SECRETARY OF TALLAHASSEE F
umber of shares of	f stock is: 100	<del></del>	4 2: 2 FLOR
ICLE V IN	TEMPLE TERRACE, FL 33617	RS Name and Title Address:	2: 22 STATE LORIDA
Name and Tit	TIAL OFFICERS AND/OR DIRECTOR CODY DUNCAN PRESIDENT 11332 GRANDVILLE DR.	Name and Title Address:  Name and Title Address:	2: 22 STATE LORIDA

## FILED

Name and	Title:	Name and Title:	13 MAR 21 PM 2: 22
Address		Address:	SECRETARY OF STATE TALLAHASSEE FLORIDA
ARTICLE VI The name and Flo Name:	REGISTERED AGENT rida street address (P.O. Box NOT acceptable) of CODY DUNCAN	the registered age	nt is:
Address:	11332 GRANDVILLE DR.		
	TEMPLE TERRACE, FL 33617		
ARTICLE VII	INCORPORATOR		
The name and add	iress of the Incorporator is:		
Name:	CODY DUNCAN		
Address:	11332 GRANDVILLE DR.		
	TEMPLE TERRACE, FL 33617		
this certificate, I at	ed as registered agent to accept service of process m familiar with and accept the appointment as regional Required Signature/Registered Agent and affirm that the facts stated herein are in	istered agent and	agree to act in this capacity  3/5/13  Date
document to the D	Required Signature Incorporator	y as provided for i	n s.817.155, F.S.  3/15/13  Date