

P13000034142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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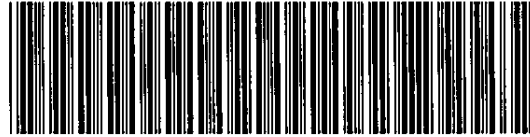
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/15/13--01013--004 **78.75

FILED
13 APR 15 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers APR 16 2013

COVER LETTER

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

SUBJECT: Dixon Home Services 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: Brian Dixon

Name (Printed or typed)

22280 N Hwy 329

Address

Micanopy, FL 32667

City, State & Zip

352 339-1706

Daytime Telephone number

bpdixon98@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: Dixon Home Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

22280 N Hwy 329

Micanopy, FL 32667

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

home inspections and improvements

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Dixon President

Name and Title: _____

Address 22280 N Hwy 329

Address: _____

Micanopy, FL 32667

Name and Title: Kim Dixon Vice President

Name and Title: _____

Address 22280 N Hwy 329

Address: _____

Micanopy, FL 32667

Ken Elwood Treasurer

P.O. Box 358290

Gainesville, FL 32635

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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: Brian Dixon
Address: 22280 N Hwy 329
Micanopy, FL 32667

ARTICLE VII INCORPORATOR

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

Name: Brian Dixon
Address: 22280 N Hwy 329
Micanopy, FL 32667

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

Brian Dixon
Required Signature/Registered Agent

4/9/13
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.

Brian Dixon
Required Signature/Incorporator

4/9/13
Date

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STATE OF FLORIDA
TALLAHASSEE