

P13000042443

ARON Cogdell
4934 W. Virginia Ave.
JACKSONVILLE FL 32209

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

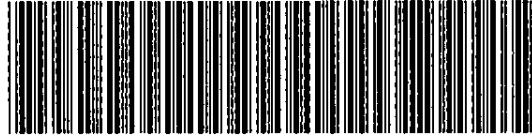
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 1, 2013

AARON COGDELL
4936 W VIRGINIA AVE
JACKSONVILLE, FL 32209

SUBJECT: DEON'S INC.
Ref. Number: W13000018679

We have received your document for DEON'S INC. and your check(s) totaling \$150.00. 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.

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: 113A00007576

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: Deon Cogdell's Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4936 W. Virginia Ave
Jacksonville FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Cogdell - President Name and Title: _____

Address: 4936 W. Virginia Ave Address: _____

Jacksonville FL 32209

Name and Title: Juanita Toney Vice President Name and Title: _____

Address: 4406 Nutter Ave Address: _____

Jacksonville FL 32206

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: Aaron Cogdell

Address: 4936 W. Virginia Ave

Jacksonville FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Aaron Cogdell

Address: 4936 W. Virginia Ave

Jacksonville FL 32209

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

Aaron Cogdell

Required Signature/Registered Agent

5/7/13
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.

Aaron Cogdell

Required Signature/Incorporator

5/7/13
Date

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