

P13000058340

(Requestor's Name)

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(City/State/Zip/Phone #)

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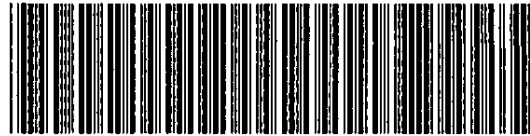
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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7/11/13

COVER LETTER

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

SUBJECT: Data Analysis and Technical Assistance, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Tammie Johnson
Name (Printed or typed)

11686 Edgemere Dr.
Address

Jacksonville, FL 32223
City, State & Zip

904-683-2916
Daytime Telephone number

playsaguitar@comcast.net
E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I NAME

The name of the corporation shall be: Data Analysis and Technical Assistance, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

11686 Edgemere Dr.

Jacksonville, FL 32223

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consulting^{and other} services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tammie Johnson, President

Address 11686 Edgemere Dr.

Jacksonville, FL 32223

Name and Title: Tammie Johnson, Secretary

Address: 11686 Edgemere Dr.

Jacksonville, FL 32223

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(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: Tammie Johnson
Address: 11686 Edgemere Dr.
Jacksonville, FL 32223

ARTICLE VII INCORPORATOR

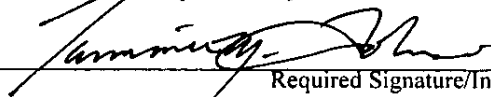
The name and address of the Incorporator is:

Name: Tammie Johnson
Address: 11686 Edgemere Dr.
Jacksonville, FL 32223

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 7/1/13 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.

 Required Signature/Incorporator 7/1/13 Date

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