

P13000067285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

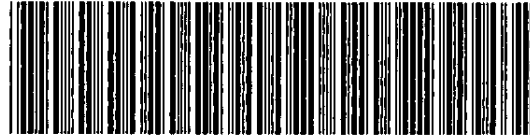
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500250162345

08/12/13--01052--010 **78.75

FILED
13 AUG 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
8/15/13

2

COVER LETTER

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

SUBJECT: DAVIDSON CC, 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: SJ COOPER & ASSOCIATES

Name (Printed or typed)

4001 SANTA BARBARA BLVD # 366

Address

NAPLES, FL 34104

City, State & Zip

239-398-3637

Daytime Telephone number

steven@sjcfinance.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: DAVIDSON CC, INC.

FILED

ARTICLE II PRINCIPAL OFFICE
Principal street address
3269 STURGEON BAY COURT
NAPLES, FL 34120

13 AUG 12 PM 3: 53
Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: A LEGAL AND PROFESSIONAL CORPORATION.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>SHELLY A. PAINER, PRESIDENT</u>	Name and Title:	_____
Address	<u>6923 SUNSET BLVD</u> <u>GREELY, ONTARIO</u> <u>CANADA K4P 1C5</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

(conti.)

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

FILED
13 AUG 12 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

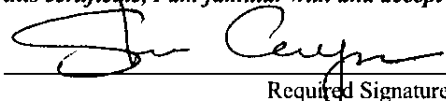
Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

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

Name: STEVEN COOPER
Address: 4001 SANTA BARBARA BLVD
NAPLES, FL 34104

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

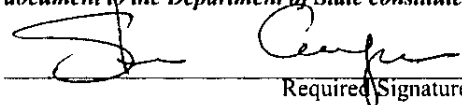


Required Signature/Registered Agent

8-9-13

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.



Required Signature/Incorporator

8-9-13

Date