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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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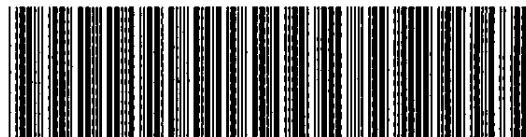
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/13/14--01012--014 **78.75

FILED
14 JAN 13 PM 12:43
TALLAHASSEE, FLORIDA

MD 1/17

COVER LETTER

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

SUBJECT: **DAVIES & JOHNSON, INC. A FLORIDA 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com**
Name (Printed or typed)

1 Radisson Plaza, Suite 800
Address

New Rochelle, NY 10801-5769
City, State & Zip

877-330-2677
Daytime Telephone number

ddddyyz1@yahoo.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: DAVIES & JOHNSON, INC. A FLORIDA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

60 Venetian Dr. 205N

Delray Beach, FL 95662

Mailing address, if different is:

8628 Blythe Ave.,

Orangevale, CA 95662

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial and advisory service.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENISE DAVIES - PRESIDENT

Address: 60 VENETIAN DR. 205N
DELRAY BEACH, FL 95662

Name and Title: DENISE DAVIES - TREASURER

Address: 60 VENETIAN DR. 205N
DELRAY BEACH, FL 95662

Name and Title: DENISE DAVIES - VICE PRESIDENT

Address: 60 VENETIAN DR. 205N
DELRAY BEACH, FL 95662

Name and Title: _____

Address: _____

Name and Title: DENISE DAVIES - SECRETARY

Address: 60 VENETIAN DR. 205N
DELRAY BEACH, FL 95662

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
STATE OF 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: DENISE DAVIES
Address: 8877 NW 68TH CT.
PARKLAND, FL 33067

14 JAN 13 PM 12:43
STATE
DEPARTMENT OF
CORPORATION

ARTICLE VII INCORPORATOR

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

Name: MyUSAcorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801-5769

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

01/02/2014

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

1/6/14
Date