

P14000054187

(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:

~~W774-35381~~

Office Use Only



100260885581

06/04/14--01022--012 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUN 20 PM 3:44

APPROVED
AND
FILED

VH

COVER LETTER

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

SUBJECT: Donnan Cabinet Works Co.
(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: Virginia Donnan
Name (Printed or typed)

401 E El Centro Blvd
Address

Panama City Beach, FL 32413
City, State & Zip

850-867-0664
Daytime Telephone number

vreneabutts@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 6, 2014

VIRGINIA DONNAN
401 E EL CENTRO BLVD
PANAMA CITY BEACH, FL 32413

SUBJECT: DONNA CABINET WORKS CO.
Ref. Number: W14000035381

We have received your document for DONNA CABINET WORKS CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 214A00012277

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: Donnan Cabinet Works Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

401 E El Centro Blvd
Panama City Beach
FL 32413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide people with
professional construction so they can live
their lives comfortably

ARTICLE IV SHARES

The number of shares of stock is: 51

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Virginia Donnan / owner

Name and Title: Alexander Donnan

Address: 401 E El Centro Blvd
Panama City Beach
FL 32413

Address: 401 E El Centro Blvd
Panama City Beach
FL 32413

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

(cont.)

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 JUN 20 PM 3:44

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: Virginia Downan

Address: 401 E El Centro Blvd

Panama City Beach FL 32413

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Virginia Downan

Address: 401 E El Centro Blvd

Panama City Beach FL 32413

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

Virginia Downan
Required Signature/Registered Agent

4/22/14
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.

Virginia Downan
Required Signature/Incorporator

4/22/14
Date

Application for Employer Identification Number

OMB No. 1545-0003

Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN
46-5656262

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested Virginia Donnan	
	2 Trade name of business (if different from name on line 1) Donnan Cabinet Works Co.	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 401 E El Centro Blvd	5a Street address (if different) (Do not enter a P.O. box.) 401 E El Centro Blvd
	4b City, state, and ZIP code (if foreign, see instructions) Panama City Beach FL 32413	5b City, state, and ZIP code (if foreign, see instructions) Panama City Beach FL 32413
	6 County and state where principal business is located Bay County Florida	
	7a Name of responsible party Virginia Donnan	7b SSN, ITIN, or FIN
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members 3
	8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.	
	<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ applied <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> Other (specify) ▶ _____	
	<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶ _____	
	9b If a corporation, name the state or foreign country (if applicable) where incorporated Florida	Foreign country
	10 Reason for applying (check only one box)	
	<input checked="" type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____	
	11 Date business started or acquired (month, day, year). See instructions. April 22, 2014	
	12 Closing month of accounting year	
	13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	
	Agricultural <input type="checkbox"/> Household <input type="checkbox"/> Other <input type="checkbox"/> 0 0 0	
	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
	15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶	
	16 Check one box that best describes the principal activity of your business.	
	<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) _____	
	17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. trim, painting, general carpentry	
	18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ()
Name and title (type or print clearly) ▶		Applicant's fax number (include area code) ()
Signature ▶ Virginia Donnan		Date ▶ 4/22/14