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☐ PICK-UP

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(Business Entity Name)

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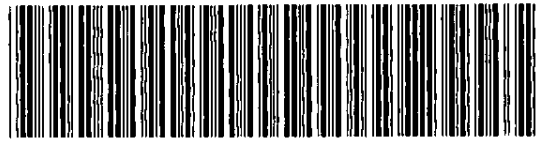
Certified Copies _____ Certificates of Status _____

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FEB 2 2015

T. SCOTT



700268690927

02/02/15--01022--002 **70.00

RECEIVED
15 FEB -2 AM 11:53
DIVISION OF CORPORATION

15 FEB -2 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

COVER LETTER

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

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

FROM: Daniel Koon
Name (Printed or typed)

101 SE Koon Lake Rd
Address

Mayo, FL 32066
City, State & Zip

386-688-0578
Daytime Telephone number

evakbolton@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: Daniel Koon Logging Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

101 SE Koon Lake Rd

Mayo, FL

32066

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Logging

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daniel F Koon, P Name and Title: _____

Address 101 SE Koon Lake Rd Address: _____

Mayo, FL 32066

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 FEB -2 11:12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

(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: Daniel Koon
Address: 101 SE Koon Lake Road
Mayo, FL 32066

RECEIVED
TALLAHASSEE, FLORIDA
15 FEB -2 PM 12:00
FILED

ARTICLE VII INCORPORATOR

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

Name: Daniel Koon
Address: 101 SE Koon Lake Rd
Mayo, FL 32066

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

Daniel Koon 2-2-2013
Required Signature/Registered Agent 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.

Daniel Koon 2-2-2015
Required Signature/Incorporator Date