

P15000013989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

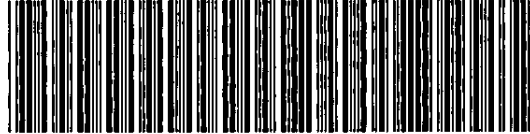
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/04/15--01012--004 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB -4 PM 12:07

APPROVE  
AND  
FILED

1/1

## COVER LETTER

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

**SUBJECT: D&S Maintenance & Electrical 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: David Schlesener**

Name (Printed or typed)

**P. O. Box 132**

Address

**Morrison FL 32668-0132**

City, State & Zip

**352/208-9883**

Daytime Telephone number

**davidschlesener@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)

APPROVED  
AND  
FILED

**ARTICLE I    NAME**

The name of the corporation shall be: D&S Maintenance & Electrical Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

6559 SE 194th Avenue

Morrison FL 32668

Mailing address, if different is:

P. O. Box 132 15 FEB -4 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Morrison FL 32668-0132

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business in the  
State of Florida

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: David Schlesener, President

Name and Title: \_\_\_\_\_

Address P. O. Box 132

Address: \_\_\_\_\_

Morrison FL 32668-0132

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

APPROVAL  
AND  
FILED (cont.)

Name and Title: \_\_\_\_\_ Name and Title: 15 FEB -4 PM 12:07  
Address: \_\_\_\_\_ Address: 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:

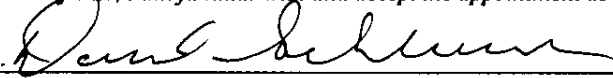
Name: David Schlesener  
Address: 6559 SE 194th Avenue  
Morrison FL 32668

**ARTICLE VII INCORPORATOR**

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

Name: Carolyn Setliff  
Address: 3035 SE Maricamp Road #108  
Ocala FL 34471

*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

1/29/2015  
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

1/29/2015  
Date