

PS000043528

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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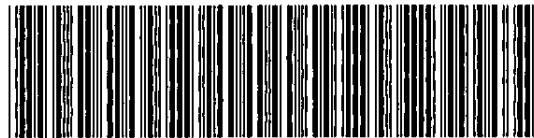
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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05/15/15--01005--013 **70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
REGISTRATION
15 MAY 15 AM 10:36
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 MAY 15 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DAVE STECKER ENTERPRISES, 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: F. E. HOWELL

Name (Printed or typed)

16876 C, R, 137

Address

WELLBORN FL 32094

City, State & Zip

386-752-7706

Daytime Telephone number

bandehowell@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: DAVE STECKER ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16876 C. R. 137

WELLBORN FL 32094

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to conduct any business authorized under the laws of the State of .
Florida,

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David W. Stecker, President & Director

Address 16876 C. R. 137
Wellborn, FL 32094

Name and Title: F. E. Howell, Vice President & Director

Address: 16876 C. R. 137
Wellborn FL 32094

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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15 MAY 15 AM 10:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: F E. Howell
Address: 16876 C. R. 137
Wellborn FL 32094

ARTICLE VII INCORPORATOR

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

Name: F. E> Howell
Address: 16876 C. R> 137
Wellborn FL 32094

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AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

J E Howell
Required Signature/Registered Agent

May 14, 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.

J E Howell
Required Signature/Incorporator

May 14, 2015
Date