

PL5000055080

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

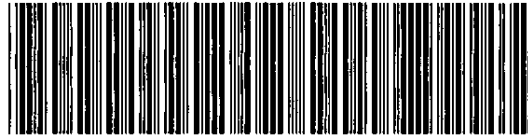
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Certified Copies _____

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15 JUN 25 PM 3:05
FILING OFFICE OF FLORIDA

MD 6/29

COVER LETTER

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

SUBJECT: Dröns Corp
(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: Bryan Cody
Name (Printed or typed)

4414 Millstone Ct.
Address

Jacksonville, FL 32257
City, State & Zip

(904) 502-4058
Daytime Telephone number

bryancdy@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)

15 JUN 25 PM 3:05
RECEIVED
CLERK OF THE COURT
JACKSONVILLE, FL

ARTICLE I NAME

The name of the corporation shall be: Dröns Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4414 Millstone Ct.
Jacksonville, FL, 32257

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to create and sell high quality
drone software.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bryan Cody CEO Name and Title: _____

Address 4414 Millstone Ct. Address: _____
Jacksonville, FL,
32257

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Bryan Cody

Address: 4414 Millstone Ct.

Jacksonville, FL 32257

15 JUN 25 PM 3:05
JUN 25 2015
JUN 25 2015

ARTICLE VII INCORPORATOR

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

Name: Bryan Cody

Address: 4414 Millstone Ct.

Jacksonville, FL 32257

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/30/2015 (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

Bryan Cody

Required Signature/Registered Agent

06/15/2015

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.

Bryan Cody

Required Signature/Incorporator

06/15/2015

Date