## P15000059991

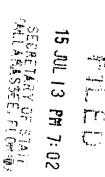
(Requestor's Name)				
(Address)				
(Address)				
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL.		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

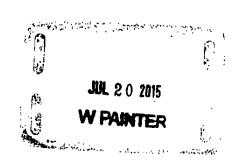
Office Use Only



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## **COVER LETTER**

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

SUBJECT: Donnie	Donnie Gordon Inc			
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )				
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	

N./-	Name (Printed or typed)  3815 N US HWY 1, unit 30		
	Cocoa FL 32926		
	City, State & Zip		
	870-514-8696		
	Daytime Telephone number		
	acrunit30@aol.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)

ADTICLE II DDING	UDAL OFFICE		
3815 N US HWY 1, un	Principal street address	Mailing ac	ldress, if different is:
Cocoa FL 32926			
ARTICLE III PURPO The purpose for which t	DSE he corporation is organized is:	truction	
ARTICLE IV SHARI	FQ		#SEE
The number of shares of			
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTO	<u>RS</u>	
Name and Title	Donnie Gordon, President	Name and Title:	T(0)
Address	3815 N US HWY	Address:	20.
	unit 30		
	Cocoa FL 32926		
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address			

Name a	nd Little:	Name and Title:
Addres	ss	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	ole) of the registered agent is:
Name:	Donnie Gordon	<del></del>
Address:	3815 N US HWY 1, unit 30	
	Cocoa FL 32926	<del></del>
		<del></del>
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	<b>5</b>
Name:	Donnie Gordon	e e e e e e e e e e e e e e e e e e e
	3194 Flat Rock Rd	
Address:	New Castle KY 40011	
	EFFECTIVE DATE: f other than the date of filing:	
(If an effective days after the f		annot be more than five business days prior or 90 business
Note: If the date	<b>G</b> ,	cable statutory filing requirements, this date will not be listed as ords.
Having been na this certificate()	med as registered agent to accept service of pr am familiar with and accept the appointment of	ocess for the above stated corporation at the place designated i as registered agent and agree to act in this capacity
		49.15
	Required Signature/Registered Agent	Date
		are true. I am aware that the false information submitted in
document to the	Department of State constitutes a third degree	felony as provided for in s.817.155, F.S. 4-9-15
Redu	ired Signature/Incorporator	Date