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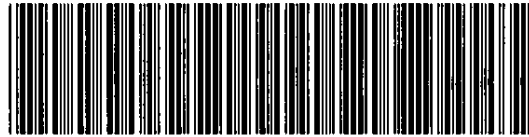
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10/02/15--01010--014 **70.00

15 OCT -2 AM 8:20

COVER LETTER

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

SUBJECT: DOWNING 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: MICHAEL CARANO
Name (Printed or typed)

1287 CENTREVUE CIRCLE
Address

COPLEY, OH 44321
City, State & Zip

330-666-3558
Daytime Telephone number

MCARANO@DOWNINGEXPLOSIVES.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: DOWNING ENTERPRISES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1287 CENTERVIEW CIRCLE

COPLEY, OH 44321

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DESIGN + BUILD DISPLAY BOOTHS

ARTICLE IV SHARES

The number of shares of stock is: 150

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL CAHANE / PRES

Name and Title: _____

Address 2776 JUMPERS DR

Address: _____

AKRON, OH 44333

Name and Title: WILLIAM DOWNING / DIRECTOR

Name and Title: _____

Address 4028 STONEBRIDGE BLVD

Address: _____

AKRON, OH 44321

Name and Title: KAREN GALLAGHER / DIRECTOR

Name and Title: _____

Address 340 MERRIMAN DR

Address: _____

AKRON, OH 44313

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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: MICHAEL CARANO
Address: 668 LAMBTON LANE
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL CARANO
Address: 1287 CENTERVIEW CIRCLE
COLETT, OH 44321

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/1/15 (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

x Michael Carano
Required Signature/Registered Agent

9/26/15
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.

x Michael Carano
Required Signature/Incorporator

9/26/15
Date