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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 OCT 15 PM 4:10

OCT 26 2015

T CANNON

## COVER LETTER

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

**SUBJECT:** DRS TAXX CO

(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:** REGGIE DECOTRET

Name (Printed or typed)

4399 35TH STREET NORTH

Address

ST ETERSBURG, FL 33714

City, State & Zip

727-768-2446

Daytime Telephone number

ANDY@AFFORDABLEENTERPRISES.ORG

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)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: DRS TAXX CO

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**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

4399 35TH STREET NORTH

P O BOX 47984

ST PETERSBURG, FL 33714

ST PETERSBURG, FL 33784

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY LEGAL PURPOSE

**ARTICLE IV SHARES**  
The number of shares of stock is: 10,000

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

Name and Title: ANDREW GAILEY, DIRECTOR

Name and Title: REGGIE DECOTRET, DIRECTOR

Address 6549 34TH AVE N  
ST PETERSBURG, FL 33710

Address: 37047 AVOCADO DR  
PINELLAS PARK, FL 33781

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: ANDREW GAILEY  
Address: 6549 34TH AVE N  
ST PETERSBURG, FL 33710

**ARTICLE VII INCORPORATOR**

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

Name: ANDREW GAILEY  
Address: 6549 34TH AVE N  
ST PETERSBURG, FL 33710

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**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*

\_\_\_\_\_  
Required Signature/Registered Agent  
10/2/2015  
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  
10/2/2015  
Date