

P/5000088019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

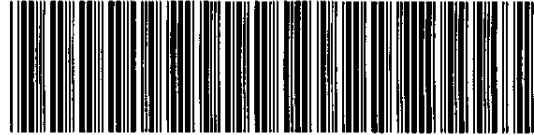
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TALLAHASSEE, FLORIDA

OCT 27 2015

D CONNELL

New Profit Corp.

COVER LETTER

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

SUBJECT: DON CASON, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: SMITH ASSOCIATES

Name (Printed or typed)

5991 CHESTER AVENUE, #213

Address

JACKSONVILLE, FLORIDA 32217

City, State & Zip

904-731-5530

Daytime Telephone number

smithassociates2@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)

ARTICLE I NAMEThe name of the corporation shall be: DON CASON, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

3005 CESERY BLVD.JACKSONVILLE, FLORIDA 32277**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH
CORPORATIONS MAY BE NOW OR HEREAFTER ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA.**ARTICLE IV SHARES**The number of shares of stock is: 100 at \$1.00 par value**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: DONALD W. CASON, PRES. & DIRECTOR

Name and Title: _____

Address 3005 CESERY BLVD.

Address: _____

JACKSONVILLE, FLORIDA 32277

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address _____

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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: DONALD W. CASON
Address: 3005 CESERY BLVD.
JACKSONVILLE, FLORIDA 32277

ARTICLE VII INCORPORATOR

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

Name: DONALD W. CASON
Address: 3005 CESERY BLVD
JACKSONVILLE, FLORIDA 32277

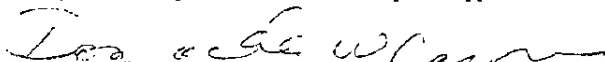
ARTICLE VIII EFFECTIVE DATE:

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

OCTOBER 26, 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

OCTOBER 26, 2015

Date