

P16000001774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

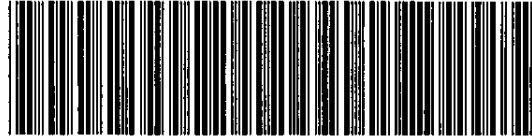
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Effective Date

Jan. 01, 2016

12/28/15--01020--004 **70.00

01-08-16
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COVER LETTER

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

SUBJECT: Donna J. Skinner Consulting, 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: Donna Skinner

Name (Printed or typed)

400 East Bay Street #710

Address

Jacksonville, Florida 32202

City, State & Zip

904 599 6490

Daytime Telephone number

drdjsc@gmail.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: Donna J. Skinner-Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Effective Date Jan. 01, 2016

Mailing address, if different is:

400 East Bay Street #710

Jacksonville, Florida 32202

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consulting services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donna J. Skinner - President

Name and Title: _____

Address 400 East Bay Street #710

Address: _____

Jacksonville, Florida

32202

Name and Title: Donna J. Skinner - Treasurer

Name and Title: _____

Address 400 East Bay Street #710

Address: _____

Jacksonville, Florida

32202

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: DONNA SKINNER
Address: 400 E Bay Street #710
Jacksonville, FL 32202

ARTICLE VII INCORPORATOR

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

Name: Donna J. Skinner
Address: 400 East Bay Street #710
Jacksonville, Florida 32202

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01-01-2016 (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

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.

Donna J. Skinner
Required Signature/Incorporator

12-23-16
Date

DONNA J. SKINNER