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## COVER LETTER

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

441 Davie Road Corp.

**SUBJECT:** \_\_\_\_\_  
(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: Clarissa Sharpe  
\_\_\_\_\_  
Name (Printed or typed)

4470 NW 71st Avenue  
\_\_\_\_\_  
Address

Lauderhill, FL 33319  
\_\_\_\_\_  
City, State & Zip

(954) 749-2898  
\_\_\_\_\_  
Daytime Telephone number

erictreeservice@bellsouth.net  
\_\_\_\_\_  
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**

441 Davie Road Corp.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4470 NW 71st Avenue

Lauderhill, FL 33319

**ARTICLE III PURPOSE**

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title:	Eric Sharpe, President	Name and Title:	Clarissa Sharpe, VP, Secretary
Address	4470 NW 71st Avenue	Address:	4470 NW 71st Avenue
	Lauderhill, FL 33319		Lauderhill, FL 33319

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: Clarissa Sharpe

Address: 4470 NW 71st Avenue

Lauderhill, FL 33319

**ARTICLE VII INCORPORATOR**

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

Name: Clarissa Sharpe

Address: 4470 NW 71st Avenue

Lauderhill, FL 33319

**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*

Clarissa Sharpe

Required Signature/Registered Agent

1-31-16

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.*

Clarissa Sharpe

Required Signature/Incorporator

1-31-16

Date