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EFFECTIVE DATE 03/10/16

K 03/21/16

COVER LETTER

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

SUBJECT: DO CRANE INSPECTIONS 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: EDWARD OWERS
Name (Printed or typed)

8535 OLD COUNTRY ROAD
Address

ODESSA, FLORIDA 33556
City, State & Zip

813-920-4320
Daytime Telephone number

LibbyAEPlan@yahoo.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: DO CRANE INSPECTIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8535 OLD COUNTRY ROAD
ODESSA, FLORIDA 33556

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for, which the corporation is organized is: CRANE INSPECTIONS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDWARD DWANS, President

Address: 8535 OLD COUNTRY ROAD
ODESSA, FLORIDA 33556

Name and Title: DENISE ROEDER DWANS, Vice President

Address: 8535 OLD COUNTRY ROAD
ODESSA, FLORIDA 33556

Name and Title: SCOTT EDWARD PECK, Director

Address: 1918 SYDNEY LOUISE DRIVE
CLARKSVILLE, TENN. 37042

Name and Title: _____

Address: _____

Name and Title: DAVID GEORGE PEELOW, Director

Address: 102 SAVILLA LANE
LAKE PLACID, FLORIDA 33852

Name and Title: _____

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: Libby Ann Paeflow

Address: 102 Sarella Lane

Lake Placid, Florida 33852

ARTICLE VII INCORPORATOR

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

Name: EDWARD OWENS

Address: 8535 OLD COUNTRY ROAD

Odessa, Florida 33556

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3-10-2016 (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

Libby Ann Paeflow

Required Signature/Registered Agent

3/8/16

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.

Edward Owens

Required Signature/Incorporator

3-8-2016

Date

16 MAR 11 PM 2:10
STATE OF FLORIDA
DEPARTMENT OF STATE