

P16000044093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

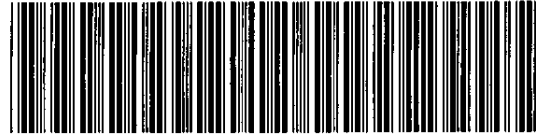
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
16 MAY 19 AM 8:52  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

TU#  
5-23-16

~~1010-29562~~



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 21, 2016

DAVID LARSEN  
720 BAYFRONT PARKWAY, SUITE 100  
PENSACOLA, FL 32502

SUBJECT: D & D FINANCIAL, INC.  
Ref. Number: W16000029882

We have received your document for D & D FINANCIAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s): *- PLEASE SEE COPY OF CLEARED CHECK. CHECK WAS NOT RETURNED*

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. ☒ or more major words may be added to make the name distinguishable from one presently on file.

The document number of the name conflict is L14000052408 (DD FINANCIAL LLC).

☒ The effective date is not acceptable since it is not within five working days of date of receipt.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

TANYA L HENDERSON  
Regulatory Specialist II

Letter Number: 916A00008327

SECRETARY OF STATE  
TAMMY L. HALL  
TALLAHASSEE, FLORIDA

15 MAY 19 AM 8:52

FILED

SECRETARY OF STATE  
TAMMY L. HALL  
TALLAHASSEE, FLORIDA

16 MAY 19 PM 12:54

RECEIVED

## COVER LETTER

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

**SUBJECT:** D&D Financial, 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:** David Larsen  
\_\_\_\_\_  
Name (Printed or typed)  
  
720 Bayfront Parkway Suite 100  
\_\_\_\_\_  
Address  
  
Pensacola, FL 32502  
\_\_\_\_\_  
City, State & Zip  
  
850-377-4372  
\_\_\_\_\_  
Daytime Telephone number  
  
DBLarsen@firstcommand.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: David B. Larsen, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

720 Bayfront Parkway Suite 100

5644 Madelines Way

Pensacola, FL 32502

Pace, FL 32571

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide financial investment advisory services to military members and their families.

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: David Larsen, President & CEO

Name and Title: Danielle Larsen, Secretary Treasurer

Address 5644 Madelines Way

Address: 5644 Madelines Way

Pace, FL 32571

Pace, FL 32571

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: David Larsen

Address: 5644 Madelines Way

Pace, FL 32571

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: David Larsen

Address: 5644 Madelines Way

Pace, FL 32571

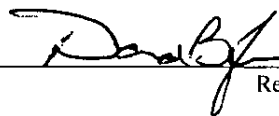
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 1, 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

5/16/16  
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.*

  
Required Signature/Incorporator

5/16/16  
Date