

PI6000052271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

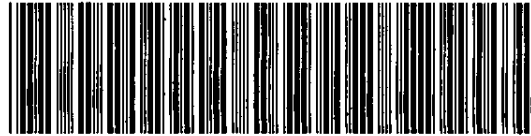
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300285307123

05/06/16--01023--025 \$470.00

RECEIVED  
DIVISION OF STATE RECORDS  
16 MAY - 6 AM 9:09

**FAX LETTER**

John D. Dugan  
3720 Mahogany Bend Drive  
Naples, FL 34114  
(978) 376-6073

June 14, 2016

Nadira D McClees-Sams  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314  
(850) 245-6052

16 MAY - 6 AM 9:09

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RE: Letter Number: 116A00011442

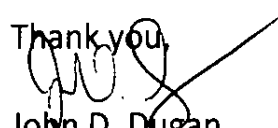
Dear Nadira,

I received your letter related to my desire to establish JOHN D DUGAN LLC.

Per you instructions I have updated ARTICLE IV shares, from zero to one.

Please reply an let me know if I need to provide you anything else to complete this process.

Thank you,

  
John D. Dugan

RECEIVED

16 JUN 17 PM 12:37

STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** JOHN D DUGAN, 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:** JOHN D DUGAN  
Name (Printed or typed)  
3720 MAHOGANY BEND DRIVE  
Address  
NAPLES, FL 34114  
City, State & Zip  
(239) 316-0880  
Daytime Telephone number  
JOHN @DUGANSERVICES.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: JOHN D DUGAN, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3720 MAHOGANY BEND DRIVE

NAPLES, FL 34114

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Real estate sales using FL DBPR license number SL3348432.

**ARTICLE IV SHARES**

The number of shares of stock is: one

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

Name and Title: JOHN D DUGAN

Name and Title: \_\_\_\_\_

Address

3720 MAHOGANY BEND DRIVE

Address: \_\_\_\_\_

NAPLES, FL 34114

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

16 MAY - 6 AM 9:09  
DIVISION OF REVENUE  
STATE OF 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: JOHN D DUGAN  
Address: 3720 MAHOGANY BEND DRIVE  
NAPLES, FL 34114

16 MAY -6 AM 9:09

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE VII INCORPORATOR**

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

Name: JOHN D DUGAN  
Address: 3720 MAHOGANY BEND DRIVE  
NAPLES, FL 34114

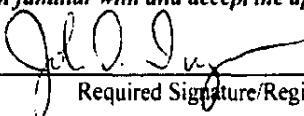
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: March 11, 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.

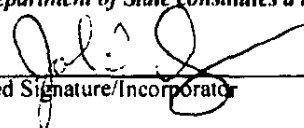
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

05/03/2016

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.*

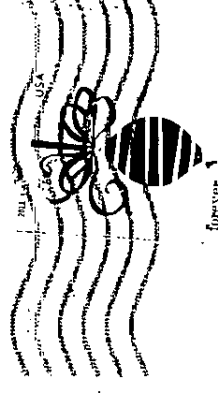
  
Required Signature/Incorporator

05/03/2016

Date

Dugan  
3720 Mahogany Bend Drive  
Naples, FL 34114

PROVIDENCE RI 028  
14 JUN 2015 PM 4 L



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