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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED 16 AUG 10 PM 3:06 FALL AGENCY	FLORIDA PROFIT/NON PROFIT CORPORATION		16 AUG 10 AM 9:20 DIVISION OF CORPORATIONS
	DaVon Enterprises, Inc.		
	Certificate of Status	0	
	Certified Copy	0	
Page Count	04		
Estimated Charge	\$70.00		

Electronic Filing Menu

Corporate Filing Menu

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AUG 11 2016

T. SCOTT

COVER LETTER

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

SUBJECT: DaVon Enterprises, 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: Debbie Cokbilen

Name (Printed or typed)

900 Merchants Concourse, Suite 405

Address

Westbury, NY 11590

City, State & Zip

888-579-0286

Daytime Telephone number

david.teroy.williams@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: DaVon Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

4296 McDaniel Dr. Principal street address

Jacksonville, FL 32209

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any legal activity / business management services

ARTICLE IV SHARES

The number of shares of stock is: 2,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Williams - Director

Address: 4296 McDaniel Dr.

Jacksonville, FL 32209

Name and Title: VonDonner Williams - Director

Address: 4296 McDaniel Dr.

Jacksonville, FL 32209

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

16 AUG 10 AM 9:20

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: NRAI Services, Inc.

Address: 1200 South Pine Island Road

Plantation, FL 33324.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brent Buscay

Address: 9120 Double Diamond Parkway

Reno, NV 89521

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

By: *Karen Tugibong*

Required Signature/Registered Agent

8/10/2016

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.

ET

Required Signature/Incorporator

8/10/16

Date