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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

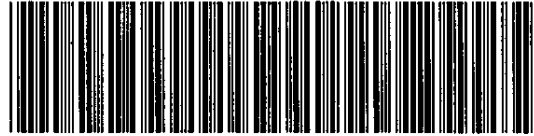
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2016 AUG 22 PM 4:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** DOWNEY CARE GIVING, 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 E. DOWNEY  
\_\_\_\_\_  
Name (Printed or typed)

4318 S. FLORIDA AVENUE, LOT # 66  
\_\_\_\_\_  
Address

INVERNESS, FL. 34450  
\_\_\_\_\_  
City, State & Zip

734-216-0925  
\_\_\_\_\_  
Daytime Telephone number

DAVED12321@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: DOWNEY CARE GIVING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
4318 S. FLORIDA AVENUE, LOT # 66  
INVERNESS, FL. 364450

Mailing address, if different is:  
4318 S. FLORIDA AVENUE, LOT # 66  
INVERNESS, FL. 34450

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CARE GIVING SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID E. DOWNEY - PRESIDENT

Address: 4318 S. FLORIDA AVENUE, LOT # 66  
INVERNESS, FL. 34450

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

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

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

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

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

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

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

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

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

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

2016 AUG 22 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, 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: DAVID E. DOWNEY

Address: 4318 S. FLORIDA AVENUE, LOT # 66

INVERNESS, FL. 34450

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: DAVID E. DOWNEY

Address: 4318 S. FLORIDA AVENUE, LOT # 66

INVERNESS, FL. 34450

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 08/15/2016 (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*

x David E. Downey  
Required Signature/Registered Agent

08/15/2016  
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.*

x David E. Downey  
Required Signature/Incorporator

08/15/2016  
Date