P14000019

(Requestor	s Name)			
(Address)				
(Address)				
(City/State/	Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business E	Entity Name)			
(Document Number)				
Certified Copies C	ertificates of Status			
Special Instructions to Filing Officer:				
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Office Use Only



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October 17, 2016

Department of State

New Filing Section
Division of Corporations

P O Box 6327

Tallahassee, FL 32314

Reference Douglas J Knox PA Florida Document Number P13000085659

Dear Department:

It has come to my attention that my corporation has been dissolved for non renewal status effective 10/17/2013. At this time I would like to release my document number P13000085659 for Douglas J Knox PA as I am the sole owner and president of this corporation.

I am also enclosing new articles for filing that I am asking your assistance with.

Thanking you in advance for your attention to these matters.

Sincerely,

Douglas J Knox, President

COVER LETTER

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

SUBJECT: Dougla	s J Knox PA				
50B0E01	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:		
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate o Status		
		ADDITIONAL CO	PPY REQUIRED		
FROM:	ouglas J Knox Nam	e (Printed or typed)			
710) SW 52nd Street				
_	Address				
Ca	pe Coral, FL 33914				
_	City, State & Zip				
239	9-980-2158				
	Daytime 1	Telephone number			
dou	ig_knox@yahoo.com				

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corpora	Douglas J Knox PA		
ARTICLE II PRING	CIPAL OFFICE Principal street address	Mailing address, if different is:	
Cape Coral, FL 33914			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	and all lawful business pertaining	to licensed real estate agent.
	ES 100 Shares @ \$1.00 par values tock is:	<u>w</u>	
Address	710 SW 52nd Street	Address:	
	Cape Coral, FL 33914		8 P
Name and Title	:	Name and Title:	الرابي فكور والأواري
Address			un Co
Name and Title			
Address			

Name ar	nd Title:	Name and Title:	
Address	·	Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT accept	stable) of the registered agent is:	
Name:	Douglas J Knox	autory of the registered agent is.	
Address:	710 SW 52nd Street		
	Cape Coral, FL 33914		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	Douglas J Knox		
Address:	710 SW 52nd Street		
	Cape Coral, FL 33914		
Effective date, if	EFFECTIVE DATE: Other than the date of filing:	(OPTIONA	AL)
(If an effective of days after the fi	date is listed, the date must be specific and	d cannot be more than five busi	ness days prior or 90 business
	e inserted in this block does not meet the appetfective date on the Department of State's r		ents, this date will not be listed as
	med as registered agent to accept service of am familiar with and accept the appointme		
Mar	1/		10/17/2016
7	Required Signature/Registered Ag	ent	Date
I submit this document to the	cument and affirm that the facts stated her Department of State constitutes a third degr	ein are true. I am aware that the ee felony as provided for in s.817.	e false information submitted in a .155, F.S.
M			10/17/20/1
Requ	ired Signature/Incorporator		Date