

P16000091636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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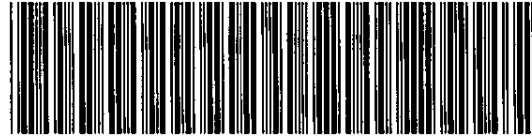
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 NOV 14 PM 5:49

CLERK OF COURT
TALLAHASSEE, FLORIDA

V HERRING
NOV 16 2016

COVER LETTER

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

SUBJECT: DOUGLASS AG SERVICES 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: ANTHONY MELVIN DOUGLASS

Name (Printed or typed)

15046 BUCKEYE DR

Address

FORT MYERS, FL 33905

City, State & Zip

239-633-8132

Daytime Telephone number

anthonydouglass171@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) **FILED**

ARTICLE I NAME

The name of the corporation shall be: DOUGLASS AG SERVICES INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SEC. OF STATE
[Mailing address, if different is:

15046 BUCKEYE DR

FORT MYERS, FL 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO START A NEW LEGAL CORPORATION IN THE
STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTHONY MELVIN DOUGLASS/MGR

Name and Title: _____

Address

15046 BUCKEYE DR

Address: _____

FORT MYERS, FL 33905

Name and Title: FRED M DOUGLASS / MGR

Name and Title: _____

Address

15046 BUCKEYE DR

Address: _____

FORT MYERS, FL 33905

Name and Title: BEVERLY BEARDSLEY/TREASURER

Name and Title: _____

Address

15046 BUCKEYE DR

Address: _____

FORT MYERS, FL 33905

FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Teresa Lea Beardmore, EA
Address: 90 Pine Island Road, Suite A
North Fort Myers, FL 33903

ARTICLE VII INCORPORATOR

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

Name: ANTHONY MELVIN DOUGLASS
Address: 15046 BUCKEYE DR
FORT MYERS, FL 33905

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: January 1, 2017. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

Teresa Lea Beard EA 11-8-16
Required Signature/Registered Agent 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.

[Signature] 11/8/16
Required Signature/Incorporator Date