

P17000007383

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

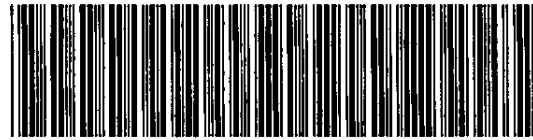
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JAN 23 PM 2:02

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V HERRING
JAN 24 2017

COVER LETTER

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

SUBJECT: DAVIS Family Corporation
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DuSean and Aisha DAVIS
Name (Printed or typed)

15751 SW 145th Ter
Address

Miami, FL 33196
City, State & Zip

786-214-0516
Daytime Telephone number

aishadavis2016@yahoo.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: Davis Family Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address: 15751 SW 145th Ter
Miami, FL 33196

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DuSean Davis CEO Name and Title: _____

Address: 15751 SW 145th Ter Address: _____
Miami, FL 33196

Name and Title: Aisha Davis COO Name and Title: _____

Address: 1575 SW 145th Ter Address: _____
Miami, FL 33196

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE

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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:

Aisha DAVIS

Address:

15751 SW 145th Ter
Miami, FL 33196

ARTICLE VII INCORPORATOR

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

Name:

Desean DAVIS

Address:

15751 SW 145th Ter
Miami, FL 33196

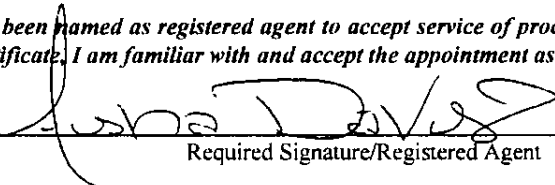
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

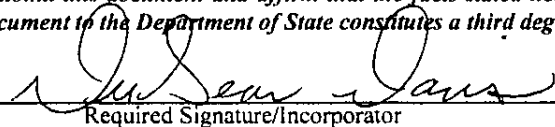
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

1-21-17
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

1-21-17
Date