

P17000034539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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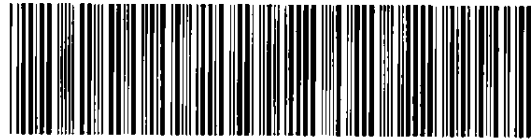
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Dickens & Daughters Pro Printing Company
(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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Dickens, Anthony
Name (Printed or Typed)

1345 BLOSSOM C.R.
Address

TALLAHASSEE FLORIDA 32305
City, State & Zip

(850) 519-8276
Daytime Telephone number

AnthonyDickens42@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:

Dickens Douglas Potting Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1345 BLOSSOM CIR
TALLAHASSEE FLORIDA 32305

1345 BLOSSOM CIR
TALLAHASSEE FLORIDA
32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL PAINTING

ARTICLE IV SHARES

The number of shares of stock is:

7

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dickens Douglas

Name and Title: President

Address: 1345 BLOSSOM CIR
TALLAHASSEE FLORIDA

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

17 SEP 17 AM 12:28
TALLAHASSEE, FLORIDA
COUNTY CLERK'S OFFICE

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: DICKENS, ANTHONY
Address: 1345 Blossom Cir
TALLAHASSEE FLORIDA 32304

17 APR 17 PM 12:28
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DICKENS, ANTHONY
Address: 1345 Blossom Cir
TALLAHASSEE FLORIDA 32305

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

A. Dickens
DICKENS ANTHONY
Required Signature/Registered Agent

4-17-17
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.

A. Dickens
Required Signature/Incorporator

4-17-17
Date