

P180600008212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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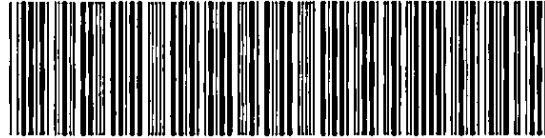
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALABAMA STATE
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2018 JAN 26 10:02

COVER LETTER

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

SUBJECT: Dave Ron Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

| | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> \$70.00 | <input type="checkbox"/> \$78.75 |
| Filing Fee | Filing Fee & Certificate of Status |

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

ADDITIONAL COPY REQUIRED

FROM: Dave Ron Inc.
David Skorude
Name (Printed or typed)

4261 Sterling St.
Address

Mims FL 32754
City, State & Zip

321-362-3855
Daytime Telephone number

daverongscreenenclosures@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: DaveRon Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4261 Sterling ST

Mims FL 32754

3425 Populatic ST

Mims FL 32754

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Skorude

Address

4261 Sterling ST

Mims FL 32754

Name and Title:

David Skorude

Address:

3425 Populatic ST

Mims FL 32754

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

President

Name and Title: David Skorude Name and Title: _____
Address: 3425 Populatic st Address: _____
mims FL. 32754 _____

ARTICLE VI REGISTERED AGENT

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

Name: David Skorude
Address: 3425 Populatic st
mims FL. 32754

ARTICLE VII INCORPORATOR

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

Name: David Skorude
Address: 3425 Populatic st
mims FL. 32754

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-26-18 (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

David Skorude

Required Signature/Registered Agent

1-26-18

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.

David Skorude

Required Signature/Incorporator

1-26-18

Date