

P18000057930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

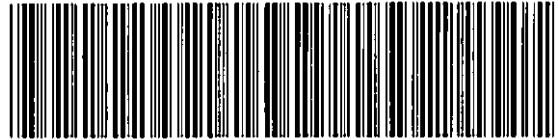
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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18 JUL -2 AM 10:50

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2018 JUL -2 AM 11:03

SECRETARY OF STATE  
301 HASSLER FLORIDA

COVER LETTER

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

SUBJECT: Davis Corp  
(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: Tommie L Davis Jr.  
Name (Printed or typed)

6295 SW 144th Ln Rd  
Address

Ocala FL 34473  
City, State & Zip

352-355-0773  
Daytime Telephone number

davisat7@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: DAVIZ Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6295 SW 144<sup>th</sup> Ln Rd  
Ocala FL 34473

P.O. box 772011  
Ocala FL 34474

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tommy L Davis, Presi Name and Title: \_\_\_\_\_

Address: 6295 SW 144<sup>th</sup> Ln Rd Address: \_\_\_\_\_  
Ocala FL 34473

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2018 JUL 2 AM 11:03  
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: Tommie L. Davis Jr  
Address: 6295 SW 144<sup>th</sup> Ln Rd  
Ocala FL 34473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tommie L Davis Jr  
Address: 6295 SW 144<sup>th</sup> Ln Rd  
Ocala FL 34473

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

Tommie Lee Davis Jr  
Required Signature/Registered Agent

7/2/2018  
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.

Tommie Lee Davis Jr  
Required Signature/Incorporator

7/2/2018  
Date