

P1800000 85520

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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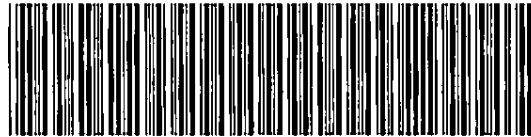
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 17 2018

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COVER LETTER

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

SUBJECT: DANA R KNOX 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
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: DANA R KNOX

Name (Printed or typed)

2606 MANZILLA LANE

Address

CAPE CORAL FLORIDA 33909

City, State & Zip

(239) 940-5639

Daytime Telephone number

dknox1010@hotmail.com

E-mail address: (to be used for future annual report notification)

18 OCT 17 AM 10:11
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: DANA R KNOX INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2606 MANZILLA LANE

CAPE CORAL FLORIDA 33909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SALES AND PURCHASES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DANA R KNOX PRESIDENT

Name and Title: _____

Address 2606 MANZILLA LANE

Address: _____

CAPE CORAL FLORIDA 33909

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
18 OCT 17 AM 10:11

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: DANA R KNOX

Address: 2606 MANZILLA LANE

CAPE CORAL FLORIDA 33909

ARTICLE VII INCORPORATOR

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

Name: DANA R KNOX

Address: 2606 MANZILLA LANE

CAPE CORAL FLORIDA 33909

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

X 10/11/18
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.



Required Signature/Incorporator

X 10/11/18
Date