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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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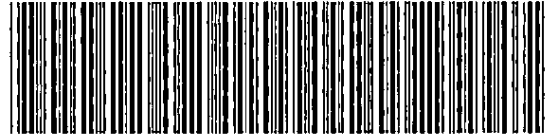
(Business Entity Name)

(Document Number)

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

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JAN 29 2019

19 JAN 29 AM 11:43

FILED  
2019 JAN 29 AM 11:48  
SECRETARY OF STATE  
ATTORNEY GENERAL

## COVER LETTER

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

**SUBJECT:** DONNIE CRUM CONSULTING 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

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

**FROM:** NATALIE CRUM  
\_\_\_\_\_  
Name (Printed or typed)

566 MASHES SANDS ROAD  
\_\_\_\_\_  
Address

PANACEA FL 32346  
\_\_\_\_\_  
City, State & Zip

850-879-2066  
\_\_\_\_\_  
Daytime Telephone number

donniecrumconsulting@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: DONNIE CRUM CONSULTING INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
566 MASHES SANDS ROAD  
PANACEA FL 32346

Mailing address, if different is:  
566 MASHES SANDS ROAD  
PANACEA FL 32346

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: 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: | <u>NATALIE CRUM P</u>        | Name and Title: | <u>DONNIE W CRUM VP</u>      |
| Address         | <u>566 MASHES SANDS ROAD</u> | Address:        | <u>566 MASHES SANDS ROAD</u> |
|                 | <u>PANACEA FL 32346</u>      |                 | <u>PANACEA FL 32346</u>      |

|                 |         |                 |         |
|-----------------|---------|-----------------|---------|
| Name and Title: | <u></u> | Name and Title: | <u></u> |
| Address         | <u></u> | Address:        | <u></u> |
|                 | <u></u> |                 | <u></u> |

|                 |         |                 |         |
|-----------------|---------|-----------------|---------|
| Name and Title: | <u></u> | Name and Title: | <u></u> |
| Address         | <u></u> | Address:        | <u></u> |
|                 | <u></u> |                 | <u></u> |

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: BRYAN SANDERS  
Address: 3038 CRAWFORDVILLE HIGHWAY STE B  
CRAWFORDVILLE FL 32327

**ARTICLE VII INCORPORATOR**

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

Name: BRYAN SANDERS  
Address: 3038 CRAWFORDVILLE HIGHWAY STE  
CRAWFORDVILLE FL 32327

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CLERK OF STATE  
ALLAHASSEE FLORIDA

**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  
01/18/2019  
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  
01/18/2019  
Date