

P20000018514

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

FLORIDA PROFIT/NON PROFIT CORPORATION

Touch Down DMC, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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**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 Touch Down DMC, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1 South School Avenue ,Suite 400,

Sarasota, FL., 34237

1 South School Avenue ,Suite 400,

Sarasota, FL, 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is. Any Lawful Purpose

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

ARTICLE IV SHARES

The number of shares of stock is. 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title. Leonard Reyneke - Director

Name and Title. Alutius Oberholzer - Director

Address

1 South School Avenue ,Suite 400,

Sarasota, FL, 34237

Address:

1 South School Avenue ,Suite 400,

Sarasota, FL, 34237

Name and Title. \_\_\_\_\_

Name and Title. \_\_\_\_\_

Address

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

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

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

Address

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

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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: LEGALINC CORPORATE SERVICES INC.  
Address: 5237 SUMMERLIN COMMONS BLVD, STE 400  
FORT MYERS, FL, 33907

**ARTICLE VII INCORPORATOR**

The **name and address** of the incorporator is.

Name: Nancy Luna  
Address: 10601 Clarence Dr Ste 250  
Frisco, TX, 75033

**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*

<u>Nancy Luna</u>	<u>2/27/2019</u>
(Required Signature/Registered Agent)	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.*

<u>Nancy Luna</u>	<u>2/27/2019</u>
(Required Signature/Incorporator)	Date

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