P20000046766

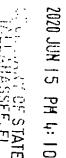
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

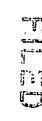
Office Use Only



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June 12, 2020

Division of Corporations

P O Box 6327

Tallahassee, FL 32314

New Filing Section

Reference Douglas J Knox PA Florida Document Number: P16000084770

Dear Department:

It has come to my attention that my corporation was administratively dissolved on September 27, 2019.

At this time I would like to release my Florida Document Number P16000084770 for Douglas J Knox PA.

Further, I am enclosing new articles that I would ask the department to please process on my behalf.

Thanking you in advance for your attention to these matters.

Sincerely,

Douglas J Knox

President

2020 JUN 15 PM 4: 10

COVER LETTER

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

SUBJECT:	ouglas J.				
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:		
	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
Thom.	Douglas	L			
rkow:	FROM: Name (Printed or typed)				
710 SW Sand Street Address					
Cape Coral FL 33914 City, State & Zip					
	23 Daytime Te	9 90-219	58		
E-mail address: (to be used for future annual report notification)					

NOTE: Please provide the original and one copy of the articles.

020 JUN 15 PM 4: 11

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	on shall be: DOUS AS	J. Knox	PA
ARTICLE II PRINCI	-		ailing address, if different is:
ARTICLE III PURPOS The purpose for which the	SE corporation is organized is: Any	And All l	-Awfui business
	ock is: 1005hares @	100 PAIVA	lue Der Share
	Duristas J Knui	Name and Title:	
Address	710 SW SAND STEPET Cape Colal Fl 33914 President	_ Address:	
Name and Title:		N. Leria	
· · · · · · · · · · · · · · · · · · ·		Name and Title:	
		_ Address:	

	Name and Title	c:
* Address	Address:	
ARTICLE VI REGISTERED A The name and Florida street addr	GENT ess (P.O. Box NOT acceptable) of the registered ag	vent is:
	JIAS J Knox	
	W Sand Street	
	Coral FL 33914	
ARTICLE VII INCORPORATO	<u>R</u>	
The name and address of the Incom	porator is:	
Name: D	ouglas J Knox	
Address: 710	Sw 52nd STreET	
<u> </u>	pe Coral FL 33914	
ARTICLE VIII EFFECTIVE D.	1 <u>TE:</u>	
Effective date, if other than the dat (If an effective date is listed, the filing.)	of filing: (O	PTIONAL) five days prior or 90 days after the
Note: If the date inserted in this bl the document's effective date on th	ock does not meet the applicable statutory filing records.	equirements, this date will not be listed as
Having been named as registered a certificate, I am familiar with and a	ent to accept service of process for the above stated eccept the appointment as registered agent and agra	d corporation at the place designated in this see to act in this capacity
Voltant.		6/12/2020
Required	Signature/Registered Agent	Dáte
I submit this document and affirm document to the Department of Stat	that the facts stated herein are true. I am aware e constitutes a third degree felony as provided for t	e that the false information submitted in a
	The second section of the sect	6/12/2020
Required Signature/Incorporator		Date