

Aug. 20. 2021 1:07PM

Division of Corporations

No. 8666 P. 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 610-8595

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

Email Address: DAVIDCPA@TEMPORARY.RR.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
DAVID McCOLLUM, PA

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$78.75

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Corporate Filing Menu

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H210003136343

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: DAVID McCollum, PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7518 3RD AVE N

SAME

ST PETERSBURG, FL 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE AS A FLORIDA LICENSED
REAL ESTATE AGENT AND ANY OTHER LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DAVID McCollum PST

Name and Title: _____

Address

7518 3RD AVE N

Address: _____

ST PETERSBURG, FL 33710

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

21 AUG 20 PM 12:43
ALL AM SEC. FLORIDA

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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: DAVID C HASTINGS, CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT FL 33707

FILED
21 AUG 20 PM 12:43
TALLAHASSEE, 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

DC Hastings
Required Signature/Registered Agent

8/20/21
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.

DC Hastings
Required Signature/Incorporator

8/20/21
Date

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