

P23000079321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

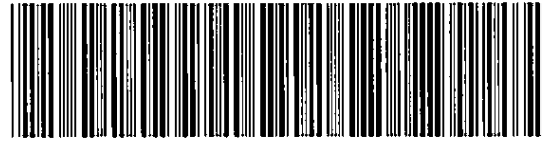
(Document Number)

Certified Copies _____

Certificates of Status _____

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Office Use Only



300418605343

RECEIVED
DIVISION OF
TALLAHASSEE, FLORIDA

2023 NOV -8 PM 3:06

2023

11:21:00

FLORIDA CAPITAL COURIER SERVICES, INC

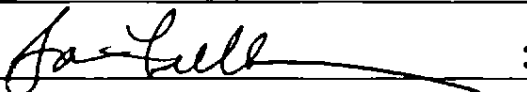
2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: I20210000160: \$78.75

Authorization Signature:

 :

DAVIS 5 STAR INNOVATION COMPANIES, INC.

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☒ **Certificate of Status**

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☒ **CORP**

☐ Other

☐ Other

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS:_____

FLORIDA CAPITAL COURIER SERVICES, INC

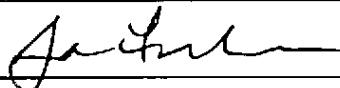
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☐ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2023

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: DAVIS 5 STAR INNOVATION COMPANIES, INC
Ref. Number: W23000153272

We have received your document for DAVIS 5 STAR INNOVATION COMPANIES, INC. However, the document has not been filed and is being returned for the following:

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO
Regulatory Specialist II
New Filing Section

Letter Number: 223A00026144

REGISTRATION OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 NOV -9 PM 4:44

RECEIVED

COVER LETTER

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

SUBJECT: Davis 5 Star Innovation Companies , 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: Derek L. Davis, Sr.
Name (Printed or typed)

1600 E 8th Suite A200
Address

Tampa, FL 33605
City, State & Zip

(863) 219-1711
Daytime Telephone number

Ddavis@d5sih.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: Davis 5 Star Innovation Companies, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1600 E 8th Avenue Suite 200
Tampa FL 33605

Mailing address, if different is:
1600 E 8th Avenue

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To form as holding company
to own & create operations of other companies to
support operations, marketing, Admin, Business Development,
innovation of products & services.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mr. Derek L. Davis, Sr.
Address: 1600 E 8th Avenue

Name and Title: Founder & Executive Chairman & CEO
Address: 1600 E 8th Avenue

Name and Title: Mr. Ishmel Sanchez
Address: 1600 E 8th Avenue
Suite 200 Tampa, FL 33605

Name and Title: Co-Founder Vice Chairman
Address: [Signature]

Name and Title: [Signature]
Address: [Signature]

Name and Title: [Signature]
Address: [Signature]

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Derek L. Davis

1600 E 8th Avenue

Address: _____

Suite 200 Tampa, FL 33605

ARTICLE VII INCORPORATOR

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

Name: Derek L. Davis, Sr.

1600 E 8th Avenue

Address: _____

Suite 200 Tampa, FL 33605

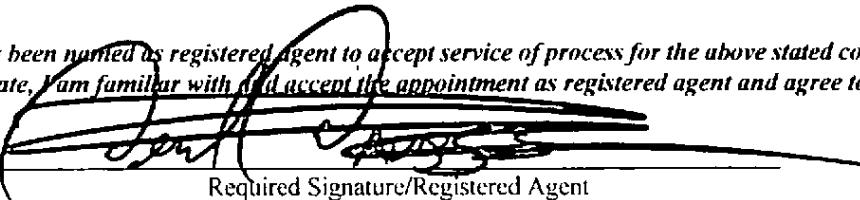
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: — N/A — (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.

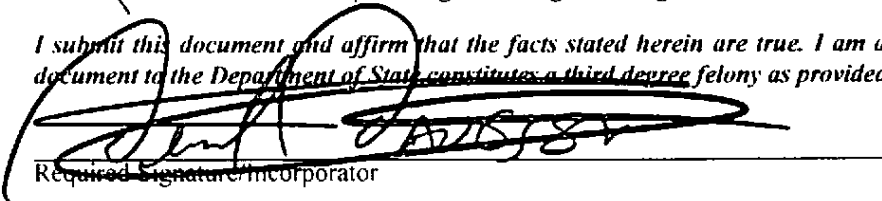
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

Nov. 7, 2023

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

Nov. 7, 2023

Date

2023

11:23