

TRANSMITTAL LETTER

P9900009430

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

100003023871--0
-10/25/99--01097--019
*****78.75 *****78.75

SUBJECT: DAVID ANTHONY, INC.
(Proposed corporate name - must include suffix)

Enclosed is 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: Anthony Keith Coppages
Name (Printed or typed)

3651 Park St.
Address

Jacksonville, Fl. 32205
City, State & Zip

904) 387-9497
Daytime Telephone number

TALLAHASSEE, FLORIDA

99 OCT 25 AM 11:12

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

ajc
10/26

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: DAVID Anthony, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 3651 Park St. Jax, FL. 32205

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000; Ten thousand at .01 par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Heather Coppage
3651 Park St. Jax, FL. 32205

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Keith Coppage
845 May St. #2 Jax, FL. 32204

[Signature]
Signature/Incorporator

10/15/99
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

[Signature]
Signature/Registered Agent

10/15/99
Date