

P13000011974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

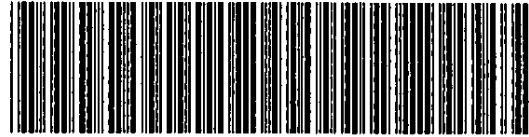
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 FEB -4 PM 12:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
2/6/13

**COVER LETTER**

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

**SUBJECT:** Radon Enterprises, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Dona Fagan  
Name (Printed or typed)

625 Amber Jack Ct.  
Address

Barefoot Bay, FL 32976  
City, State & Zip

772-664-0903  
Daytime Telephone number

donafagan@cfl.rr.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:

Radon Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
625 Amber Jack Ct.  
Barefoot Bay, FL 32976

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Dona Fagan, President, Secretary, Treasurer</u>	Name and Title: _____
Address: <u>625 Amber Jack Ct.</u>	Address: _____
<u>Barefoot Bay, FL 32976</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: Dona Fagan  
Address: 625 Amber Jack Ct.  
Barefoot Bay, FL 32976

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Dona Fagan  
Address: 625 Amber Jack Ct.  
Barefoot Bay, FL 32976

*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*

*Dona Fagan*  
Required Signature/Registered Agent

1-26-2012  
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.*

*Dona Fagan*  
Required Signature/Incorporator

1-26-2012  
Date