

P11000106162

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Family Moving Services, 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: Mordehay Bachar
Name (Printed or typed)
9065 plymouth place
Address
Tamarac FL 33321
City, State & Zip
954-548-1870
Daytime Telephone number
familymovingervices@gmail.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:

Family Moving Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

9065 plymouth place

Tamarac FL 33321

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Moving Company

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mordehay Baehar

Address:

CEO

9065 plymouth place
Tamarac FL 33321

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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:

Mordehay Baehar

Address:

9065 plymouth place
Tamarac FL 33321

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name:

Mordehay Baehar

Address:

9065 plymouth place
Tamarac FL 33321

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

Date

12/11/11

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

Date

12/11/11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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