719000029208

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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19 APR - 3 FEI 12: 53

19 APR -3 PH RE: 46
SECRETARY OF STATE

CAPITAL CONNECTION, INC.
417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FAB MARKETING	media Ir	1C	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
- · g ·······			Vehicle Search
			Driving Record
Requested by: Seth	04/03/19		UCC 1 or 3 File
Name	Date	Time	UCC 11 Search
Marile	Dute	IIIIO	UCC 11 Retrieval
Walk-In	Will Pick Up		Courier

*

COVER LETTER

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

SUBJECT: FAB MA	ARKETING MECILA M	<u>)</u>	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM:		e (Printed or typed)	<u> </u>
434	0 NW 195TH STREET		
		Address	
MIA	AMI GARDENS, FL 33055		
	City	, State & Zip	
305	5-335-0555		
_	Daytime 1	l'elephone number	
AD	MIN@MYIRSTAX.COM		
	E-mail address: (to be use	ed 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 corpora	tion shall be:	a Inc		
ARTICLE II PRINC	CIPAL OFFICE Principal street address	Mailing address, if different is:		
17150 NORTH BAY	ROAD UNIT 2411			
SUNNY ISLES BEAC	H FL 33160			
ARTICLE III PURPO The purpose for which t ANY AND ALL LAWF	he corporation is organized is:			
		14.	7	
	stock is:		PILE 19 APR -3 PA SECRETARY OF THE SECRE	
	CEO	A. (1971)	STATE OF STA	
Address	SAMMY FAYOUMI		5 5 5 T	
	17150 NORTH BAY ROAD UNIT 2411			
	SUNNY ISLES BEACH FL 33160			
Name and Title	PRESIDENT	Name and Title:		
Address	BILL BAKER	Address:		
	17150 NORTH BAY ROAD UNIT 2411			
	SUNNY ISLES BEACH FL 33160			
Name and Title	VICE PRESIDENT	Name and Title:		
Address	AICHA GAACHE	Addrogen		
	17150 NORTH BAY ROAD UNIT 2411			
	SUNNY ISLES BEACH FL 33160			

Name a	and Title:	Name and Title:	
Addre	rss	Address:	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered arrant is	
Name:	SAMMY FAYOUMI	or the registered agent is.	
Address:	17150 NORTH BAY ROAD UNIT 2411	_	
	SUNNY ISLES BEACH FL 33160	_	7
ARTICLE VII	INCORPORATOR	_	F 19 APR SECRE II
The name and	address of the Incorporator is:		SSIT -3
Name:	SAMMY FAYOUMI		
Address:	17150 NORTH BAY ROAD UNIT 2411	_	R-3 PH RE 1.6 RASY OF STATE ASSET. FLORIDA
	SUNNY ISLES BEACH FL 33160	_	10A 1. 5
Effective date, (If an effective filing.) Note: If the da	if other than the date of filing: date is listed, the date must be specific and cannute inserted in this block does not meet the applicable effective date on the Department of State's records.	ot be more than five days e statutory filing requiremen	prior or 90 days after the
Having been no	amed as registered agent to accept service of proces I am familiar with and accept the appointment as re	s for the above stated corpo	oration at the place designated in act in this capacity
	SAMMY FAGOUMS Required Signature/Registered Agent		04/01/2019
	Required Signature/Registered Agent		Date
I submit this do document to the	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	true. I am aware that the ny as provided for in s.817.	false information submitted in a 155, F.S.
SA	MMCL FACLOCIMA		04/01/2019
Req	MMG FAGOUMA uired Stgnature/peorporator	 -	Date