

P03000006605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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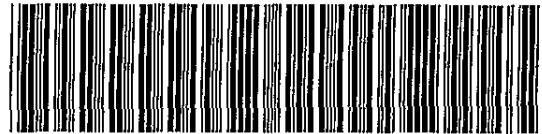
(Business Entity Name)

(Document Number)

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03 JAN 17 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓✓

1/17/03

## TRANSMITTAL LETTER

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

SUBJECT: Fabian Moving Company  
(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:

Samuel M Fabian  
Name (Printed or typed)

6912 Saint Johns River Dr Apt 101  
Address

Tampa FL 33617  
City, State & Zip

(813) 389-9112  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Ken Detzner  
Secretary of State

January 8, 2003

SAMUEL M. FABIAN  
6912 SAINT JOHNS RIVER DR.  
APT. #101  
TAMPA, FL 33617

SUBJECT: FABIAN MOVING COMPANY  
Ref. Number: W03000000668

We have received your document for FABIAN MOVING COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

ARTICLES IV, V, VI, MUST BE COMPLETE AND ARTICLE VII MUST BE THE INDIVIDUALS NAME NOT THE CORPORATION NAME.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Document Specialist  
New Filing Section

Letter Number: 203A00001089

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: Fabian moving company

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: 6912 Saint Johns River Dr Apt 101  
Tampa FL 33617

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: moving Furniture and Apt-house-office  
Storage- Nursing home.

**ARTICLE IV SHARES**

The number of shares of stock is: one

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

D Tequilla Singleton M. 6912 Saint Johns River Dr 101 Tampa FL 33617  
Lunesia McCleary 1414 E Humphrey Apt. A Tampa FL 33604

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Samuel M Fabian 6912 Saint Johns River Dr Apt 101 Tampa FL 33617

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Samuel Fabian

6912 Saint Johns River Dr Apt 101 Tampa FL 33617

\*\*\*\*\*

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

Samuel Fabian

Signature/Registered Agent

1-2-2003

Date

Samuel Fabian

Signature/Incorporator

1-2-2003

Date