

P05000119119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

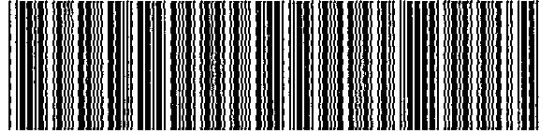
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Certificates of Status _____

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05 AUG 26 AM 11:32

CLERK OF STATE
TALLAHASSEE, FLORIDA

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CLERK OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: _____

Feonistay 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: _____

Cassandra Johnson

Name (Printed or typed)

21043-D Vista Rise

Address

Tallahassee, FL 32304

City, State & Zip

(850) 575-1248 (850) 459-1024

Daytime Telephone number

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:

Feoniatay Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2043 -D Vista Rise
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fabrication

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Cassandra Johnson CEO
2043-D Vista Rise
Tall, FL 32304

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

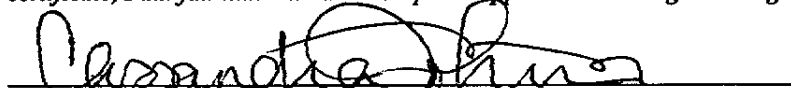
Cassandra Johnson
2043 -D Vista Rise
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cassandra Johnson
2043-D Vista Rise
Tallahassee, FL 32304

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



Signature/Registered Agent

08-26-05

Date



Signature/Incorporator

08-26-05

Date

FILED
05 AUG 26 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA