

PO5000 119246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

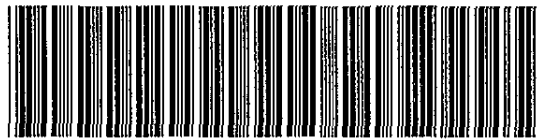
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BEST COUPON BOOK 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: John F. Foret
Name (Printed or typed)

260 MAITLAND AVE #2000
Address

ALTAMONTE SPR. FL. 32701
City, State & Zip

407-571-2982
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:

BEST COUPON BOOK INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

260 MAITLAND AVE #2000
ALTAMONTE SPR. FL 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

DOING BUSINESS
SALE OF ADVERTISING

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN F. FORET PRESIDENT
SUSAN FORET VICE PRESIDENT
FELICIA FORET SECRETARY
MANNY FORET TREASURER

ARTICLE VI REGISTERED AGENT

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

JOHN F. FORET
260 MAITLAND AVE #2000
ALTAMONTE SPR. FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN FORET
260 MAITLAND AVE #2000
ALTAMONTE SPR. FL 32701

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

Date

Signature/Incorporator

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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