## 705000138506

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(Di	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



400059984364

09/28/05--01017--006 \*\*70.00

FILED

05 OCT 10 AM 10: 07

SECRITARY OF STATE.

TAIT SHASSEE, FLIDIT.

1. Styles OCT 12 2005

## TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORA)	TE NAME - MUST INCL	inishes	_inc	,
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	4814 S	Printed or typed) W 25 H	2nchez Aace 2	<u> </u>	
	Cape C	oval F State & Zip	L, 3391	05 OCT 10 AM 10: 07	FILED
	239-810 Daytime To	96 59		ID: 07	

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:  Fab S Faux Finishes inc_
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
4814 SW 25th Place CAPE CORAL FL, 33914 ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and open my own town Finishes
ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
List name(s), address(es) and specific title(s):  Director -> Fabienne Sandez  4814 SW 25th place  (APE COTAL FL) 33914  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Fabienne Sanchez
4014 SW 2547 PIQUE 522 B
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Fobienne Sanchez 4814 SW 25th Place, Cape wral, FL 33914
4014 SW 25th Place, lape wrat, FL 33914
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:  Kabienne Sancher
1211 SUCCESTION OF SUCCESSION
Fabienne Sancher 4814 SW 25th Ptace, Cape word, FL
**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
- See 12 09/29/85
Signature/Registered Agent Date
Santo
Signature/Incorporator Date
Date