

P05000145197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

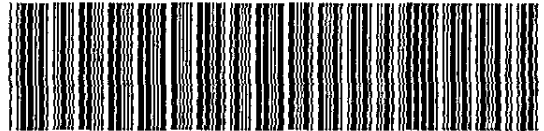
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/05--01015--009 **78.75

FILED
05 OCT 27 PM 2:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf. 10-27

COVER LETTER

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

SUBJECT: FIBONACCI TRADER CORP.

(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: Carlos Almeida

Name (Printed or typed)

208 Strawberry Lane

Address

Jacksonville, FL 32259

City, State & Zip

904-230-2866

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:

FIBONACCI TRADER CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

208 Strawberry Lane
Jacksonville, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any legal business in the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carlos Almeida
208 Strawberry Lane
Jacksonville, FL 32259

ARTICLE VI REGISTERED AGENT

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

Carlos Almeida
208 Strawberry Lane
Jacksonville, FL 32259

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Carlos Almeida
208 Strawberry Lane
Jacksonville, FL 32259

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

 / CARLOS ALMEIDA
Signature/Registered Agent

10/26/2005
Date

 / CARLOS ALMEIDA
Signature/Incorporator

10/26/2005
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA