

P06000000479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

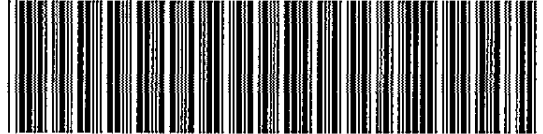
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100062190581

01/04/06--01001--010 **78.75

FILED

06 JAN -3 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

06 JAN -3 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Chivers JAN 04 2005

^{SALIL}
I (JAMES) FOURDOZI DO NOT REINSTATE
S F VII CORP. and REVOKE DISSOLUTION
AND I RELEASE THE NAME.

S. James

1-3-06



Judy Sadler
MY COMMISSION # DD127124 EXPIRES
January 26, 2006
BONDED THROUGH TROY FAIR INSURANCE, INC.

Judy Sadler
Produced Florida Drivers License

COVER LETTER

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

SUBJECT: IF VII 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: JAMES FOURDOZI
Name (Printed or typed)

1050 LAND MARK LYN
Address

CASSELBURY, FL 32707
City, State & Zip

407-403-0220 or 407-388-7777
Daytime Telephone number

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

06 JAN -3 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

S. F VII CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1050 LAND MARK LYN
CASSELBURY, FL. 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BUY, sale, Trnd, Redevelp, Desig, Build

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES FOUR0021
1050 LAND MARK LYN
CASSELBURY, FL. 32707

FILED
06 JAN -3 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

SAME AS ABOVE JAMES FOUR0021
1050 LAND MARK LYN
CASSELBURY, FL. 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAME AS ABOVE JAMES FOUR000
1050 LAND MARK LYN
CASSELBURY, FL. 32707

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

1-3-06
Date

Signature/Incorporator

1-3-06
Date