

Pd60000064283

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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05/05/06--01026--026 **78.75

05 MAY -5 PM 2:38
TALLAHASSEE, FLORIDA

FILED

CB 5-8-06

COVER LETTER

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

SUBJECT: Fe Fi Faux, 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: Leisa Watts
Name (Printed or typed)

2715 Darwin Ave.
Address

Sarasota, FL 34239
City, State & Zip

941-321-6103
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)

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06 MAY -5 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Fe Fi Faux, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: Fe Fi Faux, Inc.

2715 Darwin Ave.
Sarasota, FL 34239

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

faux finishing, murals, painting
for customers.

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):

Leisa Watts
2715 Darwin Ave. President
Sarasota, FL
34239

ARTICLE VI REGISTERED AGENT

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

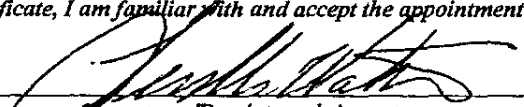
Leisa Watts
2715 Darwin Ave.
Sarasota, FL 34239

ARTICLE VII INCORPORATOR

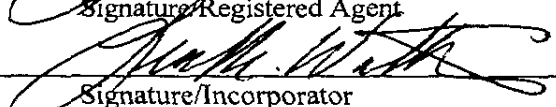
The name and address of the Incorporator is:

Leisa Watts
2715 Darwin Ave.
Sarasota, FL 34239

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



Signature/Incorporator

4/27/06

Date

4/27/06

Date