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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP/28

COVER LETTER

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

SUBJECT: Flying Nannies, 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: Donna M. Fiore

Name (Printed or typed)

8402 Quartz Place

Address

Tampa, FL 33615

City, State & Zip

813-417-5957

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:

Flying Nannies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8402 Quartz Place
Tampa, FL 33615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To accompany children flying alone (unaccompanied minors)

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):

Donna M. Fiore, Owner

ARTICLE VI REGISTERED AGENT

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

John F. Fiore
8402 Quartz Place
Tampa, FL 33615

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Donna M. Fiore
8402 Quartz Place
Tampa, FL 33615

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

John F. Fiore
Signature/Registered Agent JOHN F. FIORE

2/26/07
Date

Donna M. Fiore
Signature/Incorporator DONNA M. FIORE

2/26/07
Date

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TALLAHASSEE, FLORIDA