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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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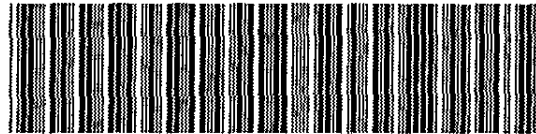
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 17 2007

207-3835

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COVER LETTER

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

SUBJECT: U.S. Fidelity de Orlando Publishing Corporation
(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: Anibal Roman
Name (Printed or typed)
1709 Alexandria Lane
Address
Kissimmee FL 34744
City, State & Zip
(407) 375-0042
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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:

U-S. Fidelity de Orlando Publishing Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1709 Alexandria Lane
Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Publishing

ARTICLE IV SHARES

The number of shares of stock is:

3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Anibal Roman
1709 Alexandria Lane
Kissimmee, FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Anibal Roman
1709 Alexandria Lane
Kissimmee, FL 34744

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

Date

Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA