

PO8000 104049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

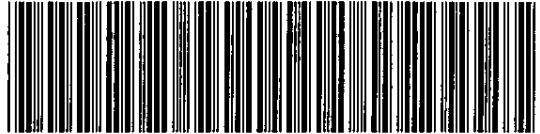
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Abrice Senville GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Article I  
DATE 11/25/08  
DOC. EXAM 7/1/20

Office Use Only



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11/04/08--01021--008 \*\*87.50

MRD  
11/25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 NOV 24 PM 2:57

FILED

2008-50476

## COVER LETTER

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

SUBJECT: FMS and Co.  
(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: Fabrice Savolle  
Name (Printed or typed)

1494 Pacaya Cove  
Address

Naples, FL 34119  
City, State & Zip

239) 404-2522  
Daytime Telephone number

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



RECEIVED

08 NOV 24 AM 8:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 5, 2008

FABRICE SAVOLLE  
1494 PACAYA COVE  
NAPLES, FL 34119

SUBJECT: FMS ~~AND~~ CO.  
Ref. Number: W08000050476

We have received your document for FMS AND CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent must sign accepting the designation.

An effective date may be added to the Articles of Incorporation if a 2009 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 008A00056247

**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:

*Fabrice Company*

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

*1494 Pacaya Cove  
Naples, FL 34119*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To conduct Any and All Business*

**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):

*Fabrice Savolle  
1494 Pacaya Cove  
Naples, FL 34119*

**ARTICLE VI REGISTERED AGENT**

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

*Fabrice Savolle  
1494 Pacaya Cove  
Naples, FL 34119*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Fabrice Savolle  
1494 Pacaya Cove  
Naples, FL 34119*

\*\*\*\*\*  
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

**FILED**

08 NOV 24 PM 2: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Nov 22 / 08*  
\_\_\_\_\_  
Date

*Nov 22 / 08*  
\_\_\_\_\_  
Date