

PO9 000028538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

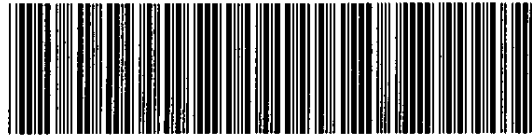
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09 MAR 27 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA

COVER LETTER

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

SUBJECT: DATA FORTE 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: HOSSEN FALLAHZADEH
Name (Printed or typed)

16232 EMERALD COVE RD.
Address

WESTON, FL 33331
City, State & Zip

(954) 817-3965
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:

DATA FORTE INC.

ARTICLE II PRINCIPAL OFFICE

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

16232 EMERALD COVE RD.
WESTON, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

COMPUTER SOFTWARE CONSULTING.

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):

HOSSEIN FALLAHZADEH - PRESIDENT
16232 EMERALD COVE RD
WESTON, FL 33331

ARTICLE VI REGISTERED AGENT

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

HOSSEIN FALLAHZADEH
16232 EMERALD COVE RD.
WESTON, FL 33331

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

HOSSEIN FALLAHZADEH
16232 EMERALD COVE RD.
WESTON, FL 33331

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

09 MAR 27 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3.25.2009

3.25.2009