

P10000093448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

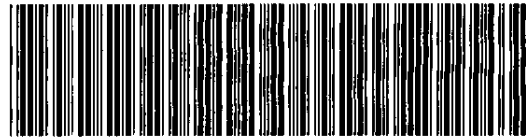
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800187633108

11/12/10--01036--024 **78.75

ST. LOUIS
DIVISION OF REVENUE
2010 NOV 12 PM 2:04

11/16/10

COVER LETTER

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

SUBJECT: Fullei Specialty Incorporated

(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: Olivia Wong

Name (Printed or typed)

400 NE 67 Street

Address

Miami, FL 33138

City, State & Zip

305-758-3880

Daytime Telephone number

olivia982@hotmail.com

E-mail address: (to be used for future annual report notification)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2010 NOV 12 PM 2:04

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: **Fullei Specialty Incorporated**

2010 NOV 12 PM 2:04

ARTICLE II PRINCIPAL OFFICE

Principal street address
400 NE 67 Street
Miami, FL 33138

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
wholesale food distribution

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Olivia Wong, C.E.O.**

Address: **400 NE 67 Street**
Miami, FL 33138

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **Olivia Wong**
Address: **400 NE 67 Street**
Miami, FL 33138

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Olivia Wong**
Address: **400 NE 67 Street**
Miami, FL 33138

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

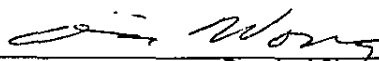


Required Signature/Registered Agent

11/8/10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

11/8/10

Date