

P100000098022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

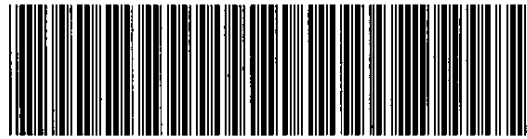
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100188245491

12/02/10--01010--017 **87.50

10 DEC -2 PM 5:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

W

COVER LETTER

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

SUBJECT: Favale Lightning Protection & Home Maintenance and Repair, 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: Sandra Ann Favale
 Name (Printed or typed)

1080 Landers st
 Address

Ormond Beach, Florida 32174
 City, State & Zip

386-672-1817 or 386 527-0781 cell
 Daytime Telephone number

Favalelp@live.com
 E-mail address: (to be used for future annual report notification)

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

P...

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:

Favale Lightning protection & Home Maintenance and Repair *Inc*

ARTICLE II PRINCIPAL OFFICE

Principal street address

1080 Landers st

Ormond Beach

Florida 32174

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Installing and Repairing Lightning Protection

Home maintenance and Repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra Ann Favale

Address: 1080 landers st

Ormond Beach

Florida 32174

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: Sandra A Favale

Address: 1080 Landers st

Ormond Beach, Florida 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sandra Ann Favale

Address: 1080 Landers st

Ormond Beach, Florida 32174

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

Sandra Ann Favale

Required Signature/Registered Agent

01/01/2011

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.

Sandra Ann Favale

Required Signature/Incorporator

01/01/2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 DEC -2 PM 5:11

APPROVED
AND
FILED