

710000100177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

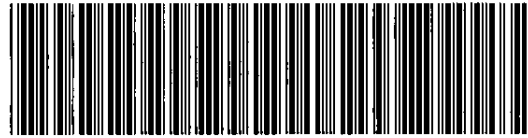
(Business Entity Name)

(Document Number)

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

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2010 DEC 10 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 13 2010

W10-55525

611

## COVER LETTER

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

SUBJECT: **FIFF 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: **JOSEPH D. FEULNER**

Name (Printed or typed)

**4645 ASHBURN SQUARE**

Address

**TAMPA, FLA 33610**

City, State & Zip

**518-727-4403**

Daytime Telephone number

**jfeulnera1@gmail.com**

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

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

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TALLAHASSEE, FLORIDA

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: FIFF Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4645 ASHBURN SQUARE  
TAMPA, FLA 33610

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOSEPH D. FEULNER PRESIDENT  
Address: 4645 ASHBURN SQUARE  
TAMPA, FLA 33610

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: JODIA FEULNER VICE-PRESIDENT  
Address: 743 GIFFORDS CHURCH RD  
SCHENECTADY, NY 12306

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: JEFFREY R. FEULNER SECRETARY  
Address: 4645 ASHBURN SQUARE  
TAMPA, FLA 33610

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

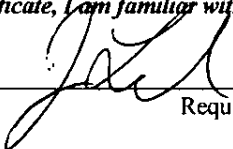
Name: JEFFREY R. FEULNER  
Address: 4645 ASHBURN SQUARE  
TAMPA, FLA 33610

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JOSEPH FEULNER  
Address: 4645 ASHBURN SQUARE  
TAMPA, FLA 33610

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

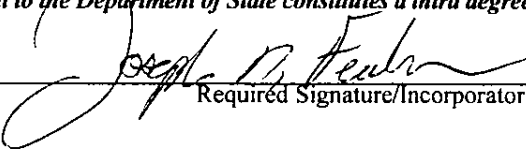


Required Signature/Registered Agent

12-4-10

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

12-4-10

Date

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