

P110000001465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Karla Macko GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 1/6/11
DOC. EXAM MRD

Office Use Only



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01/05/11--01017--023 **87.50

FILED
11 JAN -5 PM 3:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRD
1/6/11

COVER LETTER

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

SUBJECT: Fierce 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: Kamla Macko
Name (Printed or typed)

1610 Harvardwoods Drive #2716
Address

Brandon, FL 33511
City, State & Zip

786-327-0359
Daytime Telephone number

kamlamck7@gmail.com
E-mail address: (to be used for future annual report notification)

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)

FILED

11 JAN -5 PM 3:33

ARTICLE I NAME

The name of the corporation shall be:

Fierce Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1610 Harvardwoods Drive #2716

Brandon, FL 33511

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**To provide health, wellness and
improve overall quality of life.**

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Agustin Clemente/Manager

Address: 1610 Harvardwoods Drive #2716

Brandon, FL 33511

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: Kamla Macko

Address: 1610 Harvardwoods Drive #2716

Brandon, FL 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kamla Macko

Address: 1610 Harvardwoods Drive #2716

Brandon, FL 33511

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

Kamla Macko
Required Signature/Registered Agent

12/28/10

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.

Kamla Macko
Required Signature/Incorporator

12/28/10

Date