

PI10000006090

(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



800190714408

01/18/11--01053--014 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN 19 PM 4:34

APPROVED
AND
FILED

1/18

COVER LETTER

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

SUBJECT: Fab5ive, 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: Kimberly Calver

Name (Printed or typed)

19612 Delaware Circle

Address

Boca Raton, Florida 33434

City, State & Zip

561-213-3495

Daytime Telephone number

kim@perettine-law.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)

ARTICLE I NAME FabFive, Incorporated
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
19612 Delaware Circle
Boca Raton, Florida 33434

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For profit

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly Calver, President
Address: 19612 Delaware Circle
Boca Raton, FL 33434

Name and Title: _____
Address: _____

Name and Title: Kimberly Calver, Secretary
Address: 19612 Delaware Circle
Boca Raton, FL 33434

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:

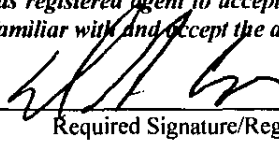
Name: Kimberly Calver
Address: 19612 Delaware Circle
Boca Raton, FL 33434

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kimberly Calver
Address: 19612 Delaware Circle
Boca Raton, FL 33434

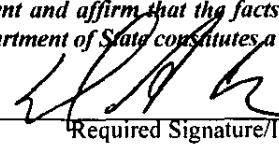
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

1/13/11

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

1/13/11

Date

11 JAN 19 PM 12:34
SECRETARY OF STATE
TALLAHASSEE FLORIDA
FILED