

PI1000075782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

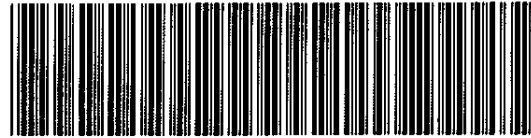
(Document Number)

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

Special Instructions to Filing Officer:

WH-42738

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

## COVER LETTER

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

SUBJECT: FUSION CONTRACTORS GROUP, 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: VALENTIN KOVALENKO  
Name (Printed or typed)

458 SHANNA ISLE CT  
Address

JACKSONVILLE, FL 32225  
City, State & Zip

904-626-6051  
Daytime Telephone number

904val@gmail.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2011

VALENTIN KOVALENKO  
458 SHANNA ISLE CT  
JACKSONVILLE, FL 32225

SUBJECT: FUSION CONTRACTORS GROUP, INC  
Ref. Number: W11000042738

We have received your document for FUSION CONTRACTORS GROUP, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the President in Article V.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 711A00019185

**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:

**FUSION CONTRACTORS GROUP, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
458 Shanna Isle Ct.  
Jacksonville, FL 32225

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide construction and renovation services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: President, VALENTIN KOVALENKO  
Address: 458 Shanna Isle Ct  
Jacksonville, FL 32225

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:

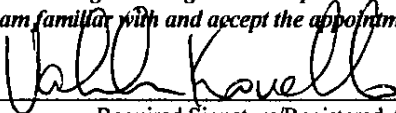
Name: Valentin Kovalenko  
Address: 458 Shanna Isle Ct  
Jacksonville, FL 32225

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Valentin Kovalenko  
Address: 458 Shanna Isle Ct  
Jacksonville, FL 32225

*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

8/11/2011

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.*



Required Signature/Incorporator

8/11/2011

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 AUG 24, AM 11:20

APPROVED  
AND  
FILED