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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

FAMON CORPORATION  
(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: \_\_\_\_\_

Mónica B. Flores

Name (Printed or typed)

18946 SA 71N LOT #1

Address

Blountstown, FL 32424

City, State & Zip

(850) 272-9865

Daytime Telephone number

Walbell@hotmail.com

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

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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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**

The name of the corporation shall be: TAMON CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

18946 SA 71N LOT #1  
Blountstown, FL 32424

Mailing address, if different is:

18946 SA 71N LOT #1  
Blountstown, FL 32424

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose for which this corporation is organized is to provide soffit  
and siding construction services.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Mónica B. Flores - President  
Address: 18946 SA 71N LOT 1  
Blountstown, FL 32424

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

Name and Title: Walter F. Borchez - Secretary  
Address: 18946 SA 71N LOT 1  
Blountstown, FL 32424

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:

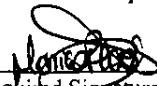
Name: Mónica B. Flores  
Address: 18946 SA 71N LOT #1  
Blountstown, FL 32424

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Mónica B. Flores  
Address: 18946 SA 71N LOT #1  
Blountstown, FL 32424

*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

11-09-11  
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

11-09-11  
Date

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