

P12000004774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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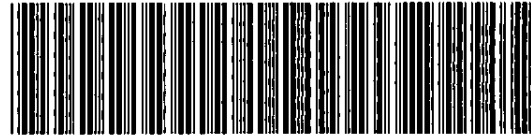
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 JAN 12 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for 1/13/12

COVER LETTER

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

SUBJECT: FBM GENERAL CONTRACTING CORP, 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: MICHAEL FALLS
Name (Printed or typed)

PO BOX 974
Address

DEERFIELD BEACH, FL 33443
City, State & Zip

352-221-0630
Daytime Telephone number

FBMGENERAL@ATT.NET
E-mail address: (to be used for future annual report notification)

RECEIVED
DEPT OF STATE
TALLAHASSEE, FLORIDA

12 JAN 12 PM 1:56

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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)

FILED

ARTICLE I NAME

FBM GENERAL CONTRACTING CORP, INC

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

2210 BELL DRIVE, STEINHATCHEE
STEINHATCHEE, FL 32359

Mailing address, if different is:

PO BOX 974

DEERFIELD BEACH, FL 33443

12 JAN 12 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY LAWFUL AND LEGAL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL FALLS/ PRESIDENT

Address: 130 SE 14TH AVE #6

BOYNTON BEACH, FL 33435

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: MICHAEL FALLS

Address: 130 SE 14TH AVE # 6

BOYNTON BEACH, FL 33435

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL FALLS

Address: 130 SE 14TH AVE # 6

BOYNTON BEACH FL 33435

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

Michael Falls Michael Falls
Required Signature/Registered Agent

12/06/2012

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.

Michael Falls Michael Falls
Required Signature/Incorporator

12/06/2012

Date