

P12000010419

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Certificates of Status \_\_\_\_\_

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12 JAN 30 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L Burch JAN 31 2012

## COVER LETTER

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

**SUBJECT: Fabregas Construction Corp.**

(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: Michelle Marie Sampson**

Name (Printed or typed)

**6001 Palm Shadow Way Apt. #1017**

Address

**Tampa, FL 33647**

City, State & Zip

**407-437-0827**

Daytime Telephone number

**fabregasconstruction@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)

**ARTICLE I NAME**

The name of the corporation shall be:

**Fabregas Construction Corp.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6001 Palm Shadow Way Apt. #1017  
Tampa, FL 33647

Mailing address, if different is:

6001 Palm Shadow Way Apt. #1017  
Tampa, FL 33647

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of providing construction services

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

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

Name and Title: Michelle Marie Sampson / President  
Address: 6001 Palm Shadow Way Apt. #1017  
Tampa, FL 33647

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: Michelle Marie Sampson  
Address: 6001 Palm Shadow Way Apt. #1017  
Tampa, FL 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michelle Marie Sampson  
Address: 6001 Palm Shadow Way Apt. #1017  
Tampa, FL 33647

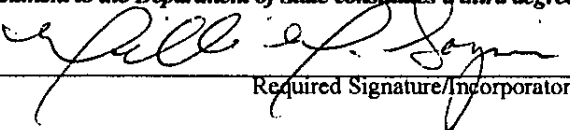
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

1/26/11  
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

1/26/11  
Date

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12 JAN 30 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399