

P12000021988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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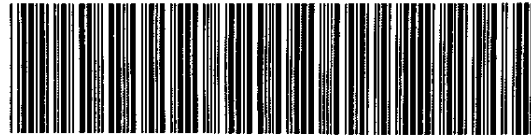
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 MAR -5 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 06 2012

COVER LETTER

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

SUBJECT: FARRELL INVESTMENT 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: BRIAN J. FARRELL
Name (Printed or typed)
20121 WEEPING LAUREL PLACE
Address
TAMPA, FLORIDA 33647
City, State & Zip
813-428-5018
Daytime Telephone number
brian@farrellaw.necoxmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: FARRELL INVESTMENT GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
20121 WEEPING LAUREL PLACE
TAMPA
FLORIDA 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
BUSINESS INVESTMENT

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BRIAN J. FARRELL - PRESIDENT
Address: 20121 WEEPING LAUREL PLACE
TAMPA, FLORIDA 33647

Name and Title: BRIAN M. FARRELL - VICE-PRESIDENT
Address: 20121 WEEPING LAUREL PLACE
TAMPA, FLORIDA 33647

Name and Title: CARMELLA A. FARRELL - TREASURER
Address: 20121 WEEPING LAUREL PLACE
TAMPA, FLORIDA 33647

Name and Title: CARMELLA A. FARRELL - SECRETARY
Address: 20121 WEEPING LAUREL PLACE
TAMPA, FLORIDA 33647

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: BRIAN J. FARRELL
Address: 20121 WEEPING LAUREL PLACE
TAMPA, FLORIDA 33647

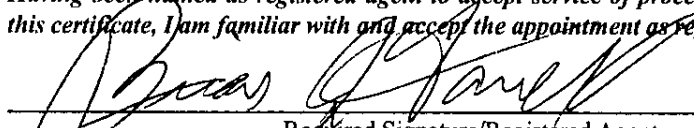
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BRIAN J. FARRELL
Address: 20121 WEEPING LAUREL PLACE
TAMPA, FLORIDA 33647

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SECRETARY OF STATE

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

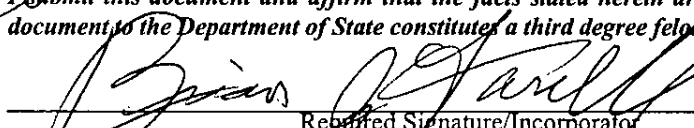


Required Signature/Registered Agent

2/28/12

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

2/28/12

Date