

P12000046632

(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:

Office Use Only



200234647772

RECEIVED MAY 7 2012

05/08/12--01005--002 **70.00

W12-25507

FILED
12 MAY 17 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EBurch May 10 2012

COVER LETTER

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

SUBJECT: Fabian's Maintenance Service 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Fabian Zaldivar
Name (Printed or typed)

14920 Lighthouse Rd #8108
Address

Naples, FL 34119
City, State & Zip

(239) 440-4647 / (239) 440-2658
Daytime Telephone number

fabimaint.service@hotmail.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

May 8, 2012

FABIAN ZALDIVAR
14920 LIGHTHOUSE RD #8108
NAPLES, FL 34119

SUBJECT: FABIAN'S MAINTENANCE SERVICE CORPORATION
Ref. Number: W12000025507

We have received your document for FABIAN'S MAINTENANCE SERVICE CORPORATION and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name and address in article VI is illegible, please type the name and address.

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) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 812A00013758

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: Fabian's Maintenance Service Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address
14920 Lighthouse Rd
Apt. 8108
Naples FL 34119

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Maintenance Services

ARTICLE IV SHARES

The number of shares of stock is: 900

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Carmen O. Chirinos
Address: 14960 Schooner Bay Lane Apt. 21107
Naples, FL 34119

Carmen O. Chirinos
14960 Schooner Bay
Lane Apt. 21107
Naples, FL 34119

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Fabian Zaldivar
Address: 14920 Lighthouse Rd #8108
Naples, FL 34119

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

Carmen O. Chirinos

Required Signature/Registered Agent

5-2-12

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.

[Signature]
Required Signature/Incorporator

5-2-12

Date