

P12000079952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

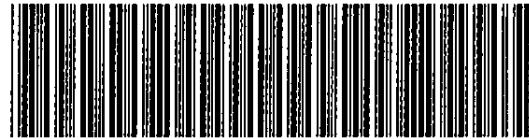
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 SEP 19 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

112-44566

**AFFIDAVIT**

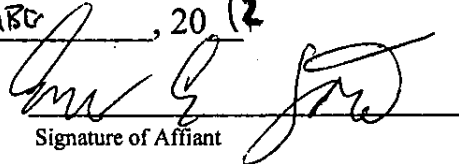
STATE OF Florida

COUNTY OF Hillsborough Pinellas

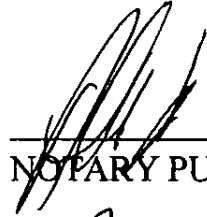
PERSONALLY came and appeared before me, the undersigned Notary, the within named **Emery E Fajardo**, who is a resident of Hillsborough County, State of Florida, and makes this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following matters, facts and things set forth are true and correct to the best of his/her knowledge:

The Fajardo Foster Home Inc. a Nonprofit corporation has no intentions of revoking the voluntary dissolution and releases the name to the Profit corporation

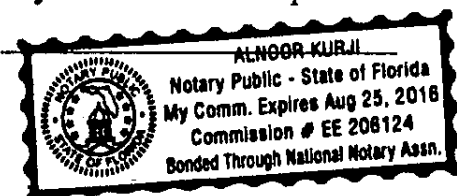
DATED this the 5<sup>th</sup> day of September, 2012

  
Signature of Affiant

SWORN to subscribed before me, this 5<sup>th</sup> day September, 2012

  
\_\_\_\_\_  
NOTARY PUBLIC  
ALAN KURJI

My Commission Expires:



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: The Fajardo Foster Home 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: Emery E Fajardo

Name (Printed or typed)

18403 Keystone Grove Blvd

Address

Odessa, FL 33556

City, State & Zip

813-850-4343

Daytime Telephone number

sfajardo1@hotmail.com

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

**NOTE: Please provide the original and one copy of the articles.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: The Fajardo Foster Home, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
18403 Keystone Grove Blvd  
Odessa, FL US 33556

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Foster Home for persons with disabilities, work with people with disability help them achieve their goals

**ARTICLE IV SHARES**

The number of shares of stock is:

10

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

Name and Title: Emery E Fajardo - President  
Address: 18403 Keystone Grove Blvd  
Odessa, FL US 33556

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

Name and Title: Raquel E Fajardo-Vice-President  
Address: 18403 Keystone Grove Blvd  
Odessa, FL US 33556

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

Name and Title: Lizdriana Fajardo - Director  
Address: 18403 Keystone Grove Blvd  
Odessa, FL US 33556

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

**ARTICLE VI REGISTERED AGENT**

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

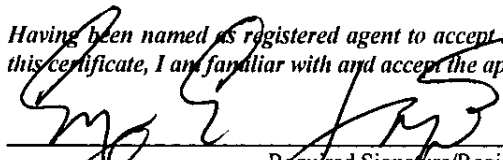
Name: Emery E Fajardo  
Address: 18403 Keystone Grove Blvd  
Odessa, FL US 33556

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

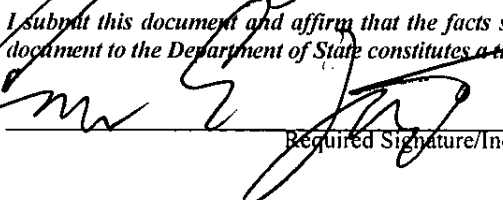
Name: Emery E Fajardo  
Address: 18403 Keystone Grove Blvd  
Odessa, FL US 33556

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

9-5-12  
\_\_\_\_\_  
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

9-5-12  
\_\_\_\_\_  
Date

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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