

P120000086921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

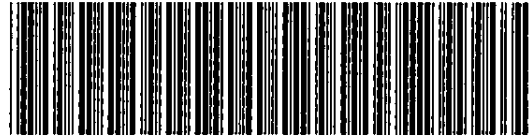
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900240564849

10/12/12--01027--008 **70.00

FILED

12 OCT 12 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

FIGBAR ASSOCIATES, INC. ARCHITECTS / PLANNERS

BOX 8552, DIXIE VILLAGE STATION, ORLANDO, FLORIDA 32806



TRANSMITTAL

To: Maryanne Dickey, Supervisor
Regulatory Specialist, II

cc: _____

Bcc: _____

From: Jose E. Barbosa, AIA, CSI
FIGBAR Architects, Inc.

Date: Tuesday, October 09, 2012

Project No: _____

Project Name: FIGBAR Architects, Inc.

Location: 300 S. Bumby Ave., Orlando, FL

Description: Ref: W12000050238

Delivered Via:

☐ Recipient Pick-Up
☐ U.S. Mail
☐ Courier

☒ Personal Delivery
☐ Federal Express
☐ Tracking #

Transmitted:

<u>Description</u>	<u>Quantity</u>
1 - Affidavit releasing the name FIGBAR Associates, Architects, Inc.	1
2 - Copy of your letter dated October 1, 2012	1
3 - Copy of the Cover Letter from the Dept. of State.	1
4 - Articles of Incorporation of FIGBAR Architects	1
4 - Copy of check 1213 in the amount of \$70.00	1

Notes:

Per your letter dated 10/01/2012 enclosed please find the above referenced documents. I hope
these documents are sufficient for your purposes.

FIGBAR Architects, Inc.
300 South Bumby Avenue, Orlando, Florida 32803
Telephone: 407-590-6363
E-Mail Addresses: jose_b@bellsouth.net

COVER LETTER

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

SUBJECT: **FIGBAR Associates, Architects, 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: **Jose E. Barbosa, AIA, CSI**

Name (Printed or typed)

300 South Bumby Avenue

Address

Orlando, Florida 32803

City, State & Zip

407-590-6363

Daytime Telephone number

jose_b@bellsouth.net

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

October 1, 2012

JOSE E. BARBOSA, AIA, CSI
300 SOUTH BUMBY AVENUE
ORLANDO, FL 32803

SUBJECT: FIGBAR ASSOCIATES, ARCHITECTS, INC.
Ref. Number: W12000050238

We have received your document for FIGBAR ASSOCIATES, ARCHITECTS, INC. and check(s) totaling \$470.00. However, your check(s) and document are being returned for the following:

We are returning your check for \$470.00 to be replaced by one in the correct amount of \$70.00.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 612A00024323

Affidavit of José E. Barbosa

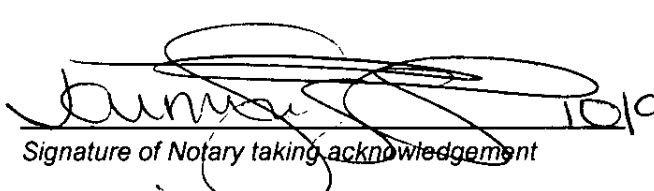
I, José E. Barbosa, 71 years of age, Owner/Senior Architect and CEO of FIGBAR Associates, Architects, Inc., currently with offices at 300 South Bumby Avenue, Orlando, Florida 32803, state to the Department of State, Division of Corporations, that I do not intend to use the corporate name of FIGBAR Associates, Architects, Inc., and therefore release the name for use by another entity.

I declare that, to the best of my knowledge and belief, the information herein is true, correct and complete.

José E. Barbosa

STATE OF FLORIDA, COUNTY OF ORANGE, ss:

The foregoing Affidavit was acknowledged before me this 9th of October of the year 2012, by José E. Barbosa, who is personally known to me or who has produced a valid Florida Driver License as identification, and being first sworn on oath according to law, deposes and says that he has read the foregoing Affidavit subscribed by him, and that the matters stated herein are true to the best of his information, knowledge and belief.


Signature of Notary taking acknowledgement

Jaime L. Briggs
Name of the Notary taking the acknowledgement printed

EE 219767
Seal of the Notary Public taking the acknowledgement



Jaime L. Griggs
Notary Public
State of Florida
My Commission Expires 07/26/2016
Commission No. EE 219767

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FIGBAR Associates, Architects, Inc.

ARTICLE I NAME

The name of the corporation shall be: FIGBAR Associates, Architects, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
FIGBAR Associates, Architects, Inc.
300 South Bumby Avenue
Orlando, Florida 32803

Mailing address, if different is:

FILED
12 OCT 12 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation Rendering Architectural Services

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose E. Barbosa, President
Address: 2519 Timberlake Drive
Orlando, Florida 32806

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: Jose E. Barbosa, AIA, CSI
Address: 2519 Timberlake Drive
Orlando, Florida 32806

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jose E. Barbosa, AIA, CSI
Address: 2519 Timberlake Drive
Orlando, Florida 32806

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

September 28, 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.

Required Signature/Incorporator

September 28, 2012

Date