

P12000097906

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

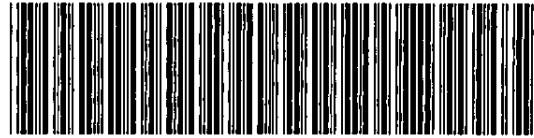
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Burch NOV 29 2012

COVER LETTER

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

SUBJECT: **FOUR COUSINS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: **THOMAS A. ALTIF**

Name (Printed or typed)

3 INDIAN RIVER AVENUE #505

Address

TITUSVILLE, FLORIDA 32796

City, State & Zip

321 689-3404

Daytime Telephone number

KAYAKSBYBO@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: **FOUR COUSINS, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
3 INDIAN RIVER AVENUE #505
TITUSVILLE, FLORIDA 32796

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROVIDE PROFESSIONAL CLEANING SERVICES FOR THE FOOD INDUSTRY.**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **THOMAS A. ALTIF, DIRECTOR**
Address: **3 INDIAN RIVER AVENUE #505**
TITUSVILLE, FLORIDA 32796

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: **THOMAS A. ALTIF**
Address: **3 INDIAN RIVER AVENUE #505**
TITUSVILLE, FLORIDA 32796

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **THOMAS A. ALTIF**
Address: **3 INDIAN RIVER AVENUE #505**
TITUSVILLE, FLORIDA 32796

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

NOVEMBER 26, 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

11/26/2012

Date