

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCPA@TAMPA.BAY.FL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
A FARNUM, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

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Jan. 25. 2013 12:55PM

No. 6213 P. 2

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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: A FARNUM, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

3209 58TH ST S UNIT 127

GULFPORT, FL 33707

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPERATE A EVENT HOSTING
CONSULTING BUSINESS AND ANY OTHER LEGAL BUSINESS IN
THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: A FARNUM, PRESIDENT

Address: 3209 58TH ST S
GULFPORT, FL 33707

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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(conti.)

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:

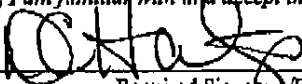
Name: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

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

01/25/2013

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

01/25/2013

Date

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