

P13000077869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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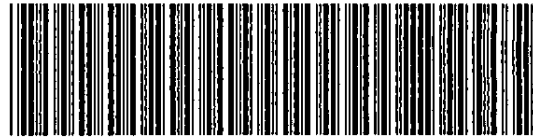
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP 16 PM 2:19

1/14

COVER LETTER

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

SUBJECT: Fishbone Enterprises, 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: David Sanford
Name (Printed or typed)

8305 SE Ketch Ct.
Address

Hobe Sound, FL 33455
City, State & Zip

772 546 2334
Daytime Telephone number

Fishbone.Enterprises@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)

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ARTICLE I NAME

The name of the corporation shall be:

Fishbone Enterprises, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8305 SE Ketch Court

Hobe Sound, FL 33455

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to operate an independent business of service, repair sales, repair, and/or manufacture**

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Andrea Sanford, CEO**

Address

**8305 SE Ketch Court
Hobe Sound, FL 33455**

Name and Title: **David Sanford, COO, CIO**

Address:

**8305 SE Ketch Ct
Hobe Sound, FL 33455**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)
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DIVISION OF CORPORATION

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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 Sanford
Address: 8305 SE Ketch Ct
Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: David Sanford
Address: 8305 SE Ketch Ct
Hobe Sound, FL 33455

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

9/11/13
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

9/11/13
Date