

P13000079988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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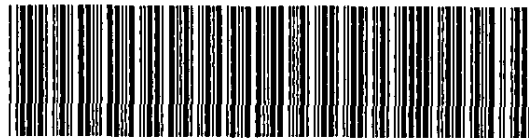
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF REGISTRATION
13 SEP 26 AM 1:10

COVER LETTER

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

SUBJECT: **Albert Reda Corporaton**

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **Albert Reda**

Name (Printed or typed)

2250 E. Tropicana Ave Suite 19

Address

Las Vegas, NV 89119

City, State & Zip

407-504-3048

Daytime Telephone number

info@fgbf-corp.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: Albert Reda Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2250 E. Tropicana Ave Suite 19

Las Vegas, NV 89119

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any lawful Activity

ARTICLE IV SHARES

The number of shares of stock is: 100,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert Reda President

Name and Title: _____

Address 2250 E. Tropicana Ave
Suite 19

Address: _____

Las Vegas, NV 89119

Name and Title: Kenneth Reda Vice President

Name and Title: _____

Address 2250 E. Tropicana Ave
Suite 19

Address: _____

Las Vegas, NV 89119

Name and Title: Albert Reda Secretary

Name and Title: _____

Address 2250 E. Tropicana Ave
Suite 19

Address: _____

Las Vegas, NV 89119

13 SEP 26 AM 1:18

CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS

(cont.)

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: Jerry Saver
Address: 10309 Trianon Pl
Wellington, Fl 33449

13 SEP 26 AM 1:18

STATE OF FLORIDA
DIVISION OF CORPORATIONS

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Albert Reda
Address: 2250 E. Tropicana Ave Suite 19
Las Vegas, NV 89119

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

Jerome R Saver

Required Signature/Registered Agent

9-20-13

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.

Albert Reda

Required Signature/Incorporator

9/20/2013

Date