

P13000081997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

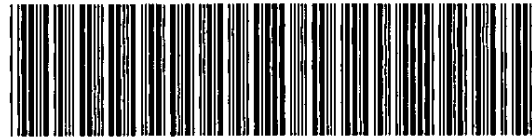
(Document Number)

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W13-49231

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DIVISION OF CORPORATIONS
2013 OCT -3 PM 4:26

1/14

COVER LETTER

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

SUBJECT: **FAISON ENTERPRISES, INCORPORATED.**
(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: **RINIE FAISON**

Name (Printed or typed)

4572 LIGHTHOUSE CIRCLE

Address

ORLANDO, FLORIDA. 32808

City, State & Zip

407-218-2656

Daytime Telephone number

YOURLUCKYDAY@YMAIL.COM

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

September 6, 2013

RINIE FAISON
4572 LIGHTHOUSE CIRCLE
ORLANDO, FL 32808

SUBJECT: FAISON ENTERPRISES, INCORPORATED.
Ref. Number: W13000049231

We have received your document for FAISON ENTERPRISES, INCORPORATED. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the name of the Registered Agent in Article VI.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 113A00020984

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: **FAISON ENTERPRISES, INCORPORATED.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
442 WEST OAKRIDGE RD # 103
ORLANDO, FLORIDA.
32809

Mailing address, if different is:
P.O. BOX 3215
ORLANDO, FLORIDA.
32802

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **FOR ANY AND ALL BUSINESS BOTH PUBLIC AND PRIVATE.**

ARTICLE IV SHARES
The number of shares of stock is: **1,000.000 NO PAR VALUE**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RINIE F. FAISON P,S,T**
Address **P.O. BOX 3215**
ORLANDO, FLORIDA.
32802

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

Name and Title: _____
Address _____

Name and Title: _____
Address: _____

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2013 OCT - 3 PM 4: 26

(cont.)

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DIVISION OF CORPORATIONS

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:

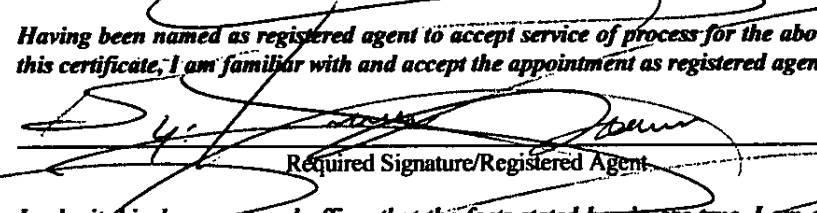
Name: RINIE F. FAISON
Address: 442 WEST OAKRIDGE RD # 103
ORLANDO, FLORIDA. 32809

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RINIE F. FAISON
Address: 442 WEST OAKRIDGE RD #103
ORLANDO, FLORIDA. 32809

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

09/24/2013

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

09/24/2013

Date