P13000088456

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
·
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, , , , , , , , , , , , , , , , , , ,
•

Office Use Only



200253137662

10/28/13--01048--010 **87.50

2013 OCT 28 PM I2: 08
SECRETARY OF STATE

OCT 28 2013 M. SOLOMON

COVER LETTER

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

SUBJECT:	FXB SERVICES (PROPOSED CORPOR	S JNC, RATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the a	rticles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM:	FEANCISCO BARBEITO			
	Name (Printed or typed)			
	15880 Sw 85 CaN€ Address			
	Address			
	-P. P. C. 22102			
	Miom? Ha 33193 City, State & Zip			
	City, State & Zip			
	() 0.0			
	(305) 807-5023 Daytime Telephone number			
	Daytime Telephone number			
	E-mail address: (to be used for future annual report notification)			
	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)

The name of the corpora	tion shall be:	FXB S	ERVICE.	s INC	,		-
ARTICLE II PRI	NCIPAL OFFICE Principal street add			М	lailing address.	, if different is:	
15880 SW			-				
miom?, fl	a 33193		-		 		
ARTICLE III PUR The purpose for which t	POSE the corporation is or	ganized is:	FOR :	THE 51	pecific	- Purp	2035
OF RENDIN	4 Profe	Sional	SERV	RCES 7	D TAE	RBIE	
	to the Box and the					d	.
						7 SEC. 19	2013 OCT
	•	 		·		ETARY :	28
						in si	P 17
ARTICLE IV SHA The number of shares of				- .		EFL STAIL	PHI2: 09
ARTICLE V INIT	TIAL OFFICERS	AND/OR DIR	<u>ECTORS</u>		_		
Name and Title	FRANCISC	O BARBE	70 Na	me and Title:_	Paes.	BENT	
Address	15880 Su	u 85 Ca	Ad Ad	dress:			
	man?,	-		_			
Nome and Title	MARTHA, X	PAFAIA ZU	uline a size		180 = P) 26=Bc TI	<u> </u>
Address	15880 SI						
				_			
Name and Title:	:		Nar	ne and Title:_			
Address			Ad	dress:		· · · · · · · · · · · · · · · · · · ·	
							

Name and	1 Title: Name and	d Title:
Address	Address:	
ARTICLE VI The name and Flo Name: Address:	REGISTERED AGENT Drida street address (P.O. Box NOT acceptable) of the registe FRANCISCO BARBEHO 15880 SW 85 (AND 33193	ZUI3 OCT 28 SECRETARY
ARTICLE VII The name and ad	INCORPORATOR dress of the Incorporator is:	PH 12: 09
Name: Address:	FXB SERVICES INC. 15880 SW &5 CANE miomi, Fla 33193	
	ned as registered agent to accept service of process for the about m familiar with and accept the appointment as registered age.	
	Required Signature/Registered Agent	
I submit this docu document to the D	ment and affirm that the facts stated herein are true. I am Department of State constitutes a third degree felony as provide Required Signature/Incorporator	aware that the false information submitted in a
	, Q	