

P13000096368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

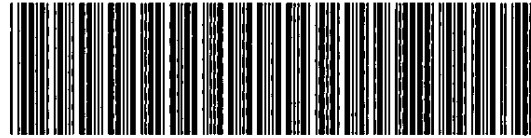
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800253666858

11/15/13--01010--015 \*\*78.75

FILED  
13 DEC -2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 12/03/13

EFFECTIVE DATE 01/01/14

W13- 63660



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 18, 2013

CASSANDRA FRANCOIS  
9818 BERNWOOD PL DR #205  
FT. MYERS, FL 33966

SUBJECT: FARE SHARE DEBT SOLUTIONS, INC  
Ref. Number: W13000063660

We have received your document for FARE SHARE DEBT SOLUTIONS, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00026607

## COVER LETTER

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

**SUBJECT:** Fare Share Debt Solutions, 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 checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Cassandra Francois

Name (Printed or typed)

9818 Bernwood PL Dr #205

Address

Ft. Myers, FL 33966

City, State & Zip

239-645-5247

Daytime Telephone number

cass56789@yahoo.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:

Fare Share Debt Solutions, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

P.O. Box 61156

9818 Barnwood Pl Dr

P.O. Box 61156

Unit 205

Ft. Myers, FL 33906

Ft. Myers, FL 33966

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To engage in the business of providing credit

counseling and debt resolution and any other lawful business activity under the

Florida General Corporation Act, as amended.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cassandra Francois, President

Name and Title: Henry Idlette, Vice President

Address: P.O. Box 61156

Address: P.O. Box 61156

Ft. Myers, FL 33906

Ft. Myers, FL 33906

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

EFFECTIVE DATE 01/01/14

13 DEC -2 PM 10:51  
CLERK OF STATE  
TALLAHASSEE FLORIDA

(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: Cassandra Francois  
Address: 9818 Bernwood PL Dr #205  
Ft. Myers, FL 33966

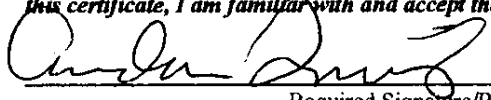
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cassandra Francois  
Address: 9818 Bernwood PL Dr#205  
Ft. Myers, FL 33966

RECEIVED  
13 DEC -2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

11/12/13  
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.*

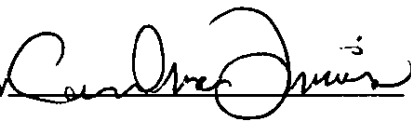
  
Required Signature/Incorporator

11/12/13  
Date

EFFECTIVE DATE 01/01/14

AMMENDED ARTICLE IV

The effective date of the corporation shall be January 1, 2014.

Approved By 

FILED  
13 DEC -2 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 01/01/14