

P13000097677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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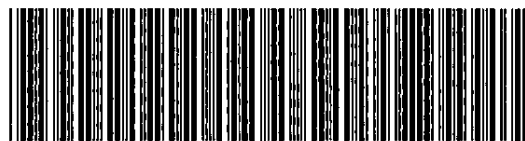
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **954DEVELOPMENT 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

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

ADDITIONAL COPY REQUIRED

FROM: **ROBERT ALFONSO**

Name (Printed or typed)

10222 NW 47TH STREET

Address

SUNRISE FL 33351

City, State & Zip

954-296-0180

Daytime Telephone number

mariannemontague@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)

ARTICLE I NAME
The name of the corporation shall be: 954DEVELOPMENT INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address
10222 NW 47TH STREET
SUNRISE FL 33351

Mailing address, if different is:

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
TO CONDUCT BUSINESS IN ANY LAWFUL FORM.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ROBERT ALFONSO</u>	Name and Title:	<u>PRESIDENT</u>
Address:	<u>10222 NW 47TH ST.</u> <u>SUNRISE FL 33351</u>	Address:	_____

Name and Title:	<u>MARIANNE CALHOUN</u>	Name and Title:	<u>SECRETARY</u>
Address:	<u>4225 55TH STREET</u> <u>VERO BEACH FL 32967</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

(conti.)

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: MARIANNE CALHOUN
Address: 4225 55TH STREET
VERO BEACH FL 32967

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERT ALFONSO
Address: 10222 NW 47TH ST.
SUNRISE FL 33351

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

Marianne Calhoun
Required Signature/Registered Agent

11-27-13
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.

[Signature]
Required Signature/Incorporator

11-27-13
Date