

P140000000795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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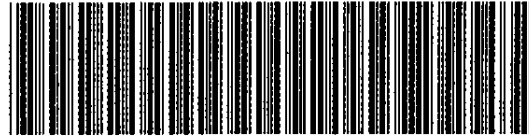
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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B 1/6/14

COVER LETTER

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

SUBJECT: FAREF, 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: HERB REINDERS
Name (Printed or typed)

312 E. VENICE AVE STE 210
Address

VENICE, FL 34285
City, State & Zip

941-780-5046
Daytime Telephone number

herb@fares.net
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: FAREF, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

312 E. VENICE AVE

STE 210

VENICE, FL 34285

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

PROVIDE EDUCATIONAL SERVICES TO CONSUMERS REGARDING
THE FUNERAL INDUSTRY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: D HERBERT REINDERS

Name and Title: _____

Address 312 E. VENICE AVE #210

Address: _____

VENICE, FL 34285

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: HERB REINDERS
Address: 312 E. VENICE AVE, # 210
VENICE, FL 34285

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: HERB REINDERS
Address: 312 E. VENICE AVE # 210
VENICE, FL 34285

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

X. Reind
Required Signature/Registered Agent

1-1-2014
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.

X. Reind
Required Signature/Incorporator

1-1-2014
Date

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