

PI40000003150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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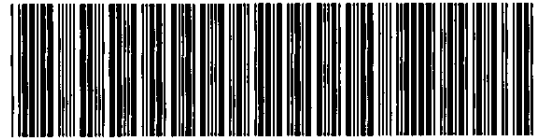
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JAN -8 PM 12:35
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

MD 1/14

COVER LETTER

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

SUBJECT: Faulkner Advisors, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Anthony L. Faulkner

Name (Printed or typed)

3110 Wedgewood Dr.

Address

Belleair Beach, FL 33786

City, State & Zip

678-895-9315

Daytime Telephone number

Faulkneradvisors@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:

Faulkner Advisors, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3110 Wedgewood Dr.

Belleair Beach, FL 33786

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Faulkner Advisors will operate as a manufacturing consulting firm.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony L Faulkner, President

Name and Title:

Address 3110 Wedgewood Dr.

Address:

Belleair Beach, FL 33786

Name and Title:

Name and Title:

Address

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: Anthony L Faulkner
Address: 3110 Wedgewood Dr.
Belleair Beach, FL 33786

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

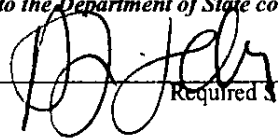
Name: Anthony L. Faulkner
Address: 3110 Wedgewood Dr.
Belleair Beach, FL 33786

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

Jan 6, 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.


Required Signature/Incorporator

Jan 6, 2014
Date

FILED
14 JAN -8 PM 12:35
RECEIVED STATE
ATTORNEY GENERAL
FLORIDA