

P140000 39533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

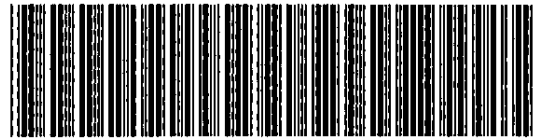
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 5/6

## COVER LETTER

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

ABC Fingerprintig, Inc.

**SUBJECT:** \_\_\_\_\_  
(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: \_\_\_\_\_  
Haissam Elannan  
Name (Printed or typed)  
19867 NW 85th AVENUE  
Address  
Miami, Florida 33015  
City, State & Zip  
(786) 295-9698  
Daytime Telephone number  
info@fingerprintingfl.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**

ABC Fingerprinting, Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: \_\_\_\_\_

19867 NW 85th Avenue

Miami, Florida 33015

**ARTICLE III    PURPOSE**

Fingerprinting Services

The purpose for which the corporation is organized is: \_\_\_\_\_

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**ARTICLE IV    SHARES**

100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Haissam Elannan D/P/VP

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

Address: 19867 NW 85th Avenue

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

Miami, Florida 33015

Name and Title: Rola Elannan D/S/T

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

Address: 19867 NW 85th Avenue

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

Miami, Florida 33015

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

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

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

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

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: Haissam Elannan

Address: 19867 NW 85th Avenue

Miami, Florida 33015

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**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Haissam Elannan

Address: 19867 NW 85th Avenue

Miami, Florida 33015

*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

4-30-14

\_\_\_\_\_  
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

4-30-14

\_\_\_\_\_  
Date