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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY 12 PM 12:21

5-13-14

## COVER LETTER

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

SUBJECT: **FADP INVESTMENT, 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: **GERT HEBSACKER**

Name (Printed or typed)

**1639 SE 40th STREET**

Address

**CAPE CORAL FLORIDA 33904**

City, State & Zip

**239-826-4861**

Daytime Telephone number

**worldbeverages@aol.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: FADP INVESTMENT, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

1639 SE 40th STEET

CAPE CORAL FL, 33904

Mailing address, if different is:

2710 DEL PRADO BLVD. 2

SUITE 250

CAPE CORAL FL, 33904

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: INVESTMENT

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

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

Name and Title: ALFRED PUELS

Address: 1639 SE 40th STREET  
CAPE CORAL FL 33904

Name and Title: PRESIDENT

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

Name and Title: ALEXANDRA PUELS

Address: 1639 SE 40th STREET  
CAPE CORAL FL 33904

Name and Title: VICE PRESIDENT

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

Name and Title: DOMINIK PUELS

Address: 1639 SE 40th STREET  
CAPE CORAL FL 33904

Name and Title: VICE PRESIDENT

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

14 MAY 12 PM 12:21  
SECRETARY OF STATE  
DIVISION OF CORPORATE & FINANCIAL SERVICES

(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: GERT HEBSACKER

Address: 1639 SE 40th STREET

CAPE CORAL FL 33904

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALFRED PUELS

Address: 1639 SE 40th STREET

CAPE CORAL FL, 33904

*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

05-09-2014

\_\_\_\_\_  
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

05-09-2014

\_\_\_\_\_  
Date