## 14000030407

(Requestor's Name)
(Address)
(Addiess)
(Address)
•
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

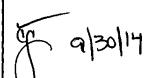
Office Use Only



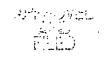
400264797544

09/30/14--01031--014 \*\*70.00

## FILING CANCELLED **RETURNED CHECK**

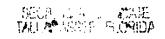


## **COVER LETTER**



14 SEP 30 PM 4: 27

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



SURJECT.	<b>Figgers</b>	Communication	Inc.
MUDARA II	~ ~		

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
S	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate o
		1	Status
		ADDITIONAL CO	PY REQUIRED

FROM:	Name (Printed or typed) P.O. Box 14987		
	Tallahassee, FL 32317		
	City, State & Zip		
	Daytime Telephone number		
	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)

The name of the corporat	tion shall be: Figgers Comm	nunication Inc	14 SEP 30 PM 4: 27
ARTICLE II PRII 413 South 1	NCIPAL OFFICE Principal <u>street</u> address 1th Street	Mailing a	address; if different is: (NIDA
Quincy, Flor	ida 32351	Tallahassee	e, Florida 32317
ARTICLE III PUR. The purpose for which the	POSE the corporation is organized is:	ommunication	<b>S</b>
	RES 1,000,000	RET	ING CANCELLEI FURNED CHECK
	rial officers and/or director Freddie L. Figgers	<del>_</del>	
Address	P.O. Box 14987	Address:	
	Tallahssee, Florida 32317 CEO	- <del> </del>	
Name and Title:		Name and Title:	
Address		Address:	
Name and Title:		Name and Title:	
Address		Address:	

			to the half
Name an	d Title:	_ Name and Title:	14 SEP 30 PM 4: 27
Address		Address:	SECTION STATE
		·	
ARTICLE VI	REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Freddie Figgers CEO	i die registered agent is.	
Address:	413 South 11th Street	_	
	Quincy, Florida 32351	_	
		- F	FILING CANCELLEI
ARTICLE VII	INCORPORATOR	F	RETURNED CHECK
The name and ac	Idress of the Incorporator is:		
Name:	Freddie Figgers	_	
Address:	P.O. Box 14987	_	
	Tallahassee, Florida 32317	_	
	ned as registered agent to accept service of proces. am familiar with and accept the appointment as re		
pen 1	In pre		9/30/20145
	Required Signature/Registered Agent		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