

P1400008595/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

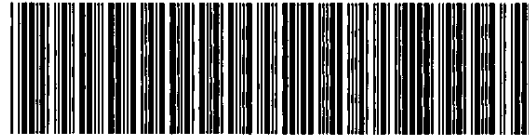
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/17/14--01001--010 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 OCT / 7 PM 3:05

APPROVED
AND
FILED

1/11

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

FRERE & ASSOCIATES, P.A. 14 OCT 17 PM 3:05

ARTICLE II PRINCIPAL OFFICE

Principal street address

1487 S CONGRESS AVE
DELRAY BEACH, FL 33415

SECRETARY OF STATE
MAILING ADDRESS - FLORIDA

1163 WINDING ROSE WAY
WEST PALM BEACH, FL 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CERTIFIED PUBLIC ACCOUNTANT

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARICE PETIT FRERE, PRESIDENT

Name and Title: _____

Address 1163 WINDING ROSE WAY
WEST PALM BEACH, FL 33415

Address: _____

Name and Title: KLEBERT PETIT FRERE, VICE-PRESIDENT

Name and Title: _____

Address 11211 S MILITARY TRL, APT 2614
BOYNTON BEACH, FL 33436

Address: _____

Name and Title: MARIO AUGUSTIN, TREASURER

Name and Title: _____

Address 9873 LAWRENCE RD, APT C204
BOYNTON BEACH, FL 33436

Address: _____

APPROVED
(init.)
AND
FILED

14 OCT 17 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CARICE PETIT FRERE

Address: 1163 WINDING ROSE WAY

WEST PALM BEACH, FL 33415

ARTICLE VII INCORPORATOR

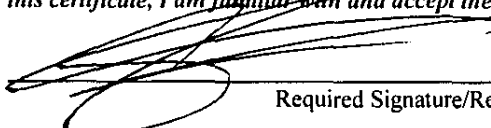
The name and address of the Incorporator is:

Name: CARICE PETIT FRERE

Address: 1163 WINDING ROSE WAY

WEST PALM BEACH, FL 33415

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

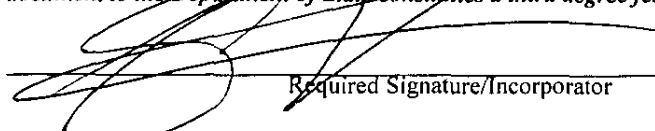


Required Signature/Registered Agent

10/05/2014

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

10/05/2014

Date