

P14000098718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

cf 12/10/14

COVER LETTER

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

SUBJECT: FESOBID, 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: ADETOKUNBO FESOBI

Name (Printed or typed)

11308 BRIDGE PINE DRIVE

Address

RIVERVIEW, FL 33569-2915

City, State & Zip

(813)245-5025

Daytime Telephone number

AL_MAYUNGBE@YAHOO.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOTE: Please provide the original and one copy of the articles.

FESOBID, INC.

11308 BRIDGE PINE DRIVE. RIVERVIEW, FL 33569-2915 (813)245-5025

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

December 4, 2014

Subject: Release of Corporation Name

This is to certify that I am the President of FESOBID, INC. listed under document No: P09000101426, and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,

Adetokunbo Fesobi
FESOBID, ADETOKUMBA
President

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TALLAHASSEE, FLORIDA

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: FESOBID, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11308 BRIDGE PINE DRIVE
RIVERVIEW, FL 33569-2915

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TALLAHASSEE, FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADETOKUNBO FESOBID-PRS

Address 11308 BRIDGE PINE DRIVE
RIVERVIEW, FL 33569-2915

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: ALBERT A MAYUNGBE, CPA
Address: 111 NW 183RD STREET, SUITE 402
MIAMI, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ADETOKUNBO FESOBİ-PRS
Address: 11308 BRIDGE PINE DRIVE
RIVERVIEW, FL 33569-2915

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

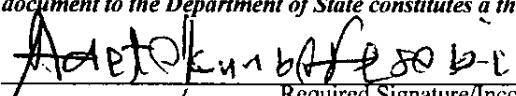


Required Signature/Registered Agent

12/04/2014

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

12/04/2014

Date

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