

P14000101564

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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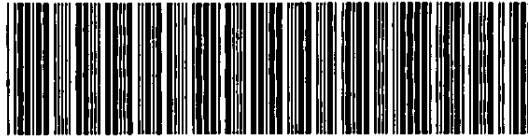
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/14--01006--016 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC 22 PM 1:50

APPROVED
AND
FILED

177

COVER LETTER

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

SUBJECT: **FRAGA FENCE CORP.**

(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: **LAZARO FRAGA**

Name (Printed or typed)

15330 GRANT LANE

Address

HOMESTEAD, FL 33033

City, State & Zip

305-796-1207

Daytime Telephone number

tanyamfraga@att.net

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)

APPROVED
AND
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ARTICLE I NAME

The name of the corporation shall be: FRAGA FENCE CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

15330 GRANT LANE
HOMESTEAD, FL 33033

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from principal office address

SAME

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: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAZARO FRAGA (PRES.)

Address 15330 GRANT LANE
HOMESTEAD, FL 33033

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(conti.)

APPROVED
AND
FILED

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 DEC 22 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

LAZARO FRAGA

Address:

15330 GRANT LANE

HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

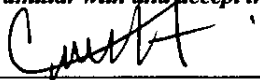
LAZARO FRAGA

Address:

15330 GRANT LANE

HOMESTEAD, FL 33033

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

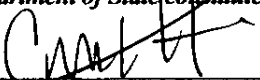


Required Signature/Registered Agent

12/01/2014

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

12/01/2014

Date