

PA000101673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

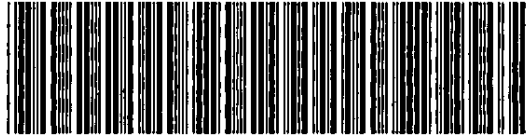
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC 22 AM 8:44
RECEIVED
REGISTRATION DIVISION

COVER LETTER

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

SUBJECT: FIDELMAR REMODELING, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: FIDELMAR PONCE

Name (Printed or typed)

6405 N CAMERON AVE

Address

TAMPA, FL, 33614

City, State & Zip

813 509 8649

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)

ARTICLE I NAME

The name of the corporation shall be: FIDELMAR REMODELING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6405 N CAMERON AVE

TAMPA, FL, 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1000 @ \$ 1,00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FIDELMAR PONCE, PRESIDENT

Name and Title: VERONICA GARCIA, SECRETARY

Address 6405 N CAMERON AVE

Address: 6405 N CAMERON AVE

TAMPA, FL, 33614

TAMPA, FL, 33614

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(cont.)

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: VERONICA GARCIA
 Address: 6405 N CAMERON AVE
TAMPA, FL, 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FIDELMAR PONCE
 Address: 6405 N CAMERON AVE
TAMPA, FL, 33614

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

12/16/2014

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

12/16/2014

Date

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA