

PK5000016890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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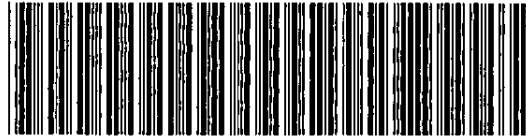
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/15--01010--005 **78.75

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15 FEB 18 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **FOXFIRE ENTERPRISES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Julia Greenberg-Aguilar o/b/o MyUSAcorporation.com

Name (Printed or typed)

1 Radisson Plaza, Suite 800

Address

New Rochelle, NY 10801-5769

City, State & Zip

877-330-2677

Daytime Telephone number

john.duchene@yahoo.com

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: FOXFIRE ENTERPRISES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

543 SW MAIN BLVD

LAKE CITY, FL 32055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FULL SERVICE RESTURANT

ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAREN A DUCHENE-President

Address: 343 NW HORIZON ST.
LAKE CITY, FL, 32055

Name and Title: JOHN DUCHENE-VP

Address: 343 NW HORIZON ST.
LAKE CITY, FL, 32055

Name and Title: KAREN A DUCHENE-Secretary

Address: 343 NW HORIZON ST.
LAKE CITY, FL, 32055

Name and Title: KAREN A DUCHENE-Treasurer

Address: 343 NW HORIZON ST.
LAKE CITY, FL, 32055

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: KAREN A. DUCHENE
Address: 343 NW HORIZON ST.
LAKE CITY, FL 32055

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MyUSACorporation.com
Address: 1 Radisson Plaza, Suite 800
New Rochelle, NY 10801-5769

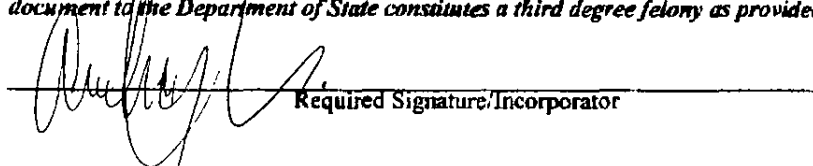
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

12/23/2014

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

2/11/15
Date

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15 FEB 18 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA