

P15000049512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

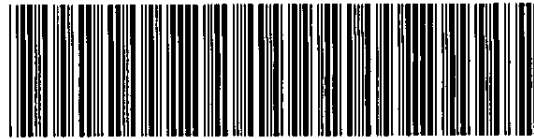
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/08/15--01018--017 \*\*70.00

RECEIVED  
DEPARTMENT OF COMMERCE  
DIVISION OF CORPORATE AFFAIRS  
15 JUN -8 PM 12:59  
NO. 101, 101.0  
10 ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 JUN -8 PM 1:10  
SECRETARY OF STATE  
ATLANTA, GEORGIA

6/9/15

## COVER LETTER

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

Figgers Communication Inc.

**SUBJECT:** \_\_\_\_\_  
(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:** \_\_\_\_\_  
Freddie Figgers  
Name (Printed or typed)  
P.O. Box 14987  
Address  
Tallahassee, Florida 32317  
City, State & Zip  
850-545-2402  
Daytime Telephone number  
Freddie@Figgers.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: Figgers Communication Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

413 South 11th Street Suite A

Quincy, Florida 32351 USA

Mailing address, if different is:

P.O. Box 14987

Tallahassee, Florida 32317 USA

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Telecommunication Services

### ARTICLE IV SHARES

The number of shares of stock is: 100,000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Freddie Figgers CEO

Address P.O. Box 14987

Tallahassee, Florida 32317

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2015 JUN -8 PM 1:10  
CLERK 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: Freddie Figgers

Address: 413 South 11th Street Suite A

Quincy, Florida 32317

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Freddie Figgers

Address: P.O. Box 14987

Tallahassee, Florida 32317

**ARTICLE VIII EFFECTIVE DATE:**

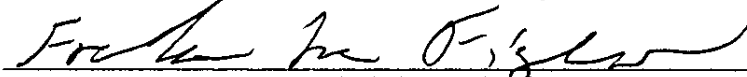
June 8, 2015

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

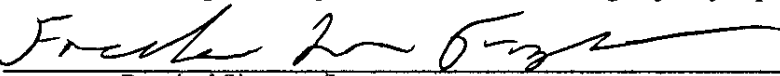


Required Signature/Registered Agent

June 8, 2015

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

June 8, 2015

Date