

P15000057172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

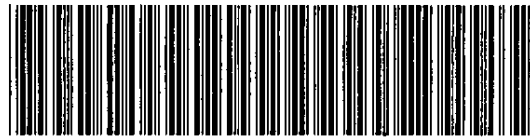
(Business Entity Name)

(Document Number)

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

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2015 JUL -1 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

row  
5/10/15

## COVER LETTER

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

**SUBJECT:** FOUSTCOM, 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:** SETH S. FOUST  
Name (Printed or typed)  
1210 SCARLET OAK LOOP  
Address  
WINTER GARDEN, FL. 34787  
City, State & Zip  
352-584-4219  
Daytime Telephone number  
SFOUST1327@GMAIL.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: FOUSTCOM, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1210 SCARLET OAK LOOP  
WINTER GARDEN, FL. 34787

Mailing address, if different is:  
1210 SCARLET OAK LOOP  
WINTER GARDEN, FL. 34787

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TELECOMMUNICATION SERVICE

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**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SETH S. FOUST - PRESIDENT

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

Address 1210 SCARLET OAK LOOP

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

WINTER GARDEN, FL. 34787

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: SETH S. FOUST

Address: 1210 SCARLET OAK LOOP

WINTER GARDEN, FL. 34787

**ARTICLE VII INCORPORATOR**

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

Name: SETH S. FOUST

Address: 1210 SCARLET OAK LOOP

WINTER GARDEN, FL. 34787

**ARTICLE VIII EFFECTIVE DATE:**

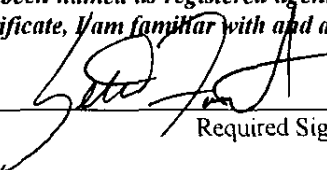
Effective date, if other than the date of filing: 07/01/2015. (OPTIONAL)

(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*

x



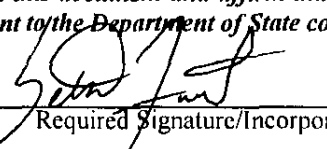
Required Signature/Registered Agent

07/01/2015

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.*

x



Required Signature/Incorporator

07/01/2015

Date