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2015 SEP 21 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

• SEP 28 2015

T. BROWN

## COVER LETTER

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

**SUBJECT:** FARAWAY ICI & CO

(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:** DONNA M DELGADO

Name (Printed or typed)

1858 NW 79 WAY

Address

PEMBROKE PINES FLORIDA 33024

City, State & Zip

305 725-7199

Daytime Telephone number

DMDELGADO@BELLSOUTH.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)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: FARAWAY ICI & CO

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1858 NW 79 WAY  
PEMBROKE PINES, FLORIDA 33024

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO PROVIDE SERVICES INCLUDING BUT NOT LIMITED TO  
BUSINESS ETIQUETTE CONSULTING, LIFESTYLE MANAGEMENT AND EDUCATIONAL SEMINARS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DONNA M DELGADO, PRES, SECY  
Address: 1858 NW 79 WAY  
PEMBROKE PINES FL 33024

Name and Title: LORANCE FILLER, VP, TRES  
Address: 1858 NW 79 WAY  
PEMBROKE PINES FL 33024

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: DONNA M DELGADO, ESQUIRE

Address: 19 WEST FLAGLER STREET #406

MIAMI FLORIDA 33130

**ARTICLE VII INCORPORATOR**

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

Name: DONNA M DELGADO, ESQUIRE

Address: 19 WEST FLAGLER STREET #406

MIAMI FLORIDA 33130

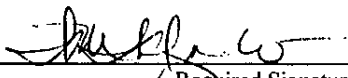
**ARTICLE VIII EFFECTIVE DATE:**

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

SEPT 18 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

SEPT 18 2015  
Date