

P15000083010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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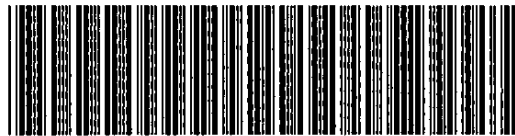
(Business Entity Name)

(Document Number)

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

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15 SEP 30 AM 11:35  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

10/8/15

## COVER LETTER

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

**SUBJECT:** Fernandes Couto Services Corp.

(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:** Claudio Roberto Fernandes Couto

Name (Printed or typed)

5297 Vineland Rd

Address

Orlando FL - 32811

City, State & Zip

321-888 0535

Daytime Telephone number

crfcouto@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

15 SEP 30 AM 11:35

FILED

**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: Fernandes Couto Services Corp.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is: STATE OF FLORIDA

5297 Vineland Rd Orlando FL - 32811

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General handyman and cleaning services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Claudio R. F. Couto - President

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

Address 5297 Vineland Rd, Orlando FL - 32811

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

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: Claudio Roberto Fernandes Couto

Address: 5297 Vineland Rd, Orlando FL - 32811

\_\_\_\_\_

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CLERK OF STATE  
ALPHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Claudio Roberto Fernandes Couto

Address: 5297 Vineland Rd, Orlando FL - 32811

\_\_\_\_\_

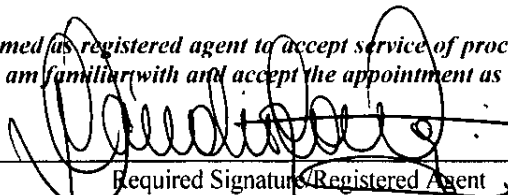
**ARTICLE VIII EFFECTIVE DATE:**

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.

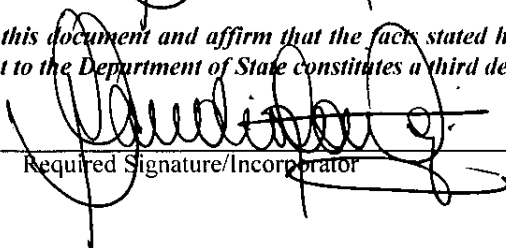
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

09 / 25 / 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

09 / 25 / 2015

Date