

PI-S0000 92447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

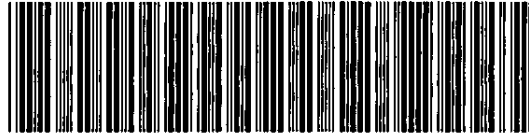
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/03/15--01026--001 **0.25

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15 NOV -3 AM 10:09

NOV 13 2015

T. SCOTT

COVER LETTER

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

SUBJECT: Felco Consulting, 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: Jose A. Feliberty

Name (Printed or typed)

857-B Worcester Lane

Address

Lake Worth, FL 33467

City, State & Zip

954-822-2845

Daytime Telephone number

j.feliberty@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: Felco Consulting, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

857-B Worcester Lane

Lake Worth, FL 33467

Mailing address, if different is:

P.O. Box 541564

Greenacres, FL 33454-1564

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide consulting services for the property management and the basketball officiating industry.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jose A. Feliberty- President

Address

857-B Worcester Lane

Lake Worth, FL 33467

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

15 NOV - 3 AM 10:09

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: Douglas V. Borges

Address: 11 Heather Trace Drive

Boynton Beach, FL 33436

ARTICLE VII INCORPORATOR

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

Name: Jose A. Feliberty

Address: PO Box 541564

Greenacres, FL 33454-1564

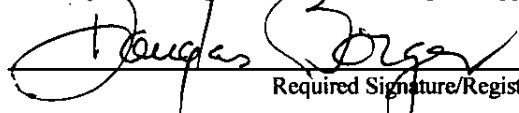
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/28/2015. (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

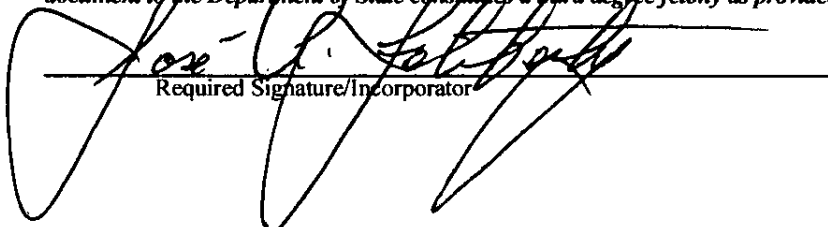


Required Signature/Registered Agent

10/28/15

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

10/28/2015

Date