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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

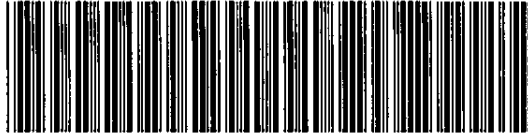
(Business Entity Name)

(Document Number)

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

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01/25/16--01033--005 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JAN 25 AM 7:19

APPROVED  
AND  
FILED

V/H

**COVER LETTER**

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

**SUBJECT:** FETCHO 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** SEAN FETCHO S  
Name (Printed or typed)

5908 HATTERAS PALM WAY  
Address

TAMPA, FL 33615  
City, State & Zip

410-982-1193  
Daytime Telephone number

SEANFETCHO@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)

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**ARTICLE I NAME**

The name of the corporation shall be: FETCHO CONSULTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
5908 HATTERAS PALM WAY

TAMPA, FL 33615

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: WEB DESIGN AND PRODUCT SERVICE AND CONSULTING

**ARTICLE IV SHARES**

200 SHARES NO PAR VALUE  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: SEAN FETCHO-PRESIDENT

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

Address 5908 HATTERAS PALM WAY

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

TAMPA, FL 33615

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

APPROVED  
AND  
FILED

16 JAN 25 AM 7:19

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_ TALLAHASSEE FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: SEAN FETCHO  
Address: 5908 HATTERAS PALM WAY  
TAMPA, FL 33615

**ARTICLE VII INCORPORATOR**

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

Name: IMPERATO TAX SERVICES, INC.  
Address: 66-66 GRAND AVENUE  
MASPETH, NY 11378

**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 1/8/16  
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.*

Lynne Imperato  
Required Signature/Incorporator 1/8/16  
Date