

P160000036995

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

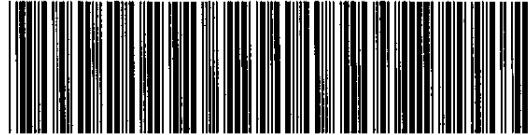
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W16-25434

Office Use Only



200283786672

04/01/16--01025--003 **78.75

SECURITY
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

15 APR 26 PM 10:11

APR 26 2016
FILED

APR 26 2016

S. PRATHER

COVER LETTER

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

SUBJECT: Fountain of friendship

(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: Marija Micanovic

Name (Printed or typed)

10800 us hwy 19 unit #115

Address

pinellas park fl 33782

City, State & Zip

727 667-2059

Daytime Telephone number

mmicanovic27@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2016

MARIJA MICANOVIC
10800 US HWY 19, UNIT #115
PINELLAS PARK, FL 33782

SUBJECT: FOUNTAIN OF FRIENDSHIP
Ref. Number: W16000025434

We have received your document for FOUNTAIN OF FRIENDSHIP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Stacy Prather
Regulatory Specialist III

Letter Number: 316A00007037

RECEIVED

16 APR 26 PM 2:44
DIVISION OF STATE
TALLAHASSEE, FLORIDA

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: fountain of friendship inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

10800 us hwy 19 unit #115

pinellas park fl 33782

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: incorporated, taking care of needs in mentally disabled field

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marija Micanovic

Address: 10800 us hwy 19 unit #115

pinellas park fl 33782

Name and Title: Anela Dedovic

Address: 801 61st Ave NE

saint petersburg fl 33703

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

16 APR 26 AM 10:11
FILED
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

APPROVED
FILED

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: Marija Micanovic

Address: 10800 us hwy 19 unit #115

pinellas park fl 33782

ARTICLE VII INCORPORATOR

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

Name: marija Micanovic

Address: 10800 us hwy 19 unit #115

pinellas park fl 33782

FILED
MAR 25 2016
TALLAHASSEE, FLORIDA

15 APR 25 AM 10:11

FILED
MAR 25 2016
TALLAHASSEE, FLORIDA

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

Marija Micanovic Marija Micanovic
Required Signature/Registered Agent

3-29-2016
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.

Marija Micanovic Marija Micanovic
Required Signature/Incorporator

3-29-16
Date