

Division of Corporations

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**P16000089770**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (350) 617-6381

From:

Account Name : WILSON TAX & ACCOUNTING INC.  
Account Number : 120150000107  
Phone : (941) 625-1925  
Fax Number : (941) 625-1526

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

Lindsay@taxsaversfl.net

FLORIDA PROFIT/NON PROFIT CORPORATION  
FCMG, Inc.

Certificate of Status	0
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Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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STATE  
NOV 8 2016

**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: FCMG Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2367 Redstone Ave

2367 Redstone Ave

North Port, FL 34288

North Port, FL 34288

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Adam Larson President

Name and Title: Amanda Price Vice President

Address: 2367 Redstone Ave

Address: 2367 Redstone Ave

North Port, FL 34288

North Port, FL 34288

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

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

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

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

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

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

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

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

16 NOV -- 8 AM 11:14  
SECRET  
FLORIDA STATE  
CORPORATION

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: Adam Larson  
Address: 2367 Redstone Ave  
North Port, FL 34288

**ARTICLE VII INCORPORATOR**

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

Name: Adam Larson  
Address: 2367 Redstone Ave  
North Port, FL 34288


**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 days prior or 90 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

11/8/16  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

11/8/16  
\_\_\_\_\_  
Date

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CLERK OF COURT  
STATE OF FLORIDA  
NORTH PORT