

P17000005069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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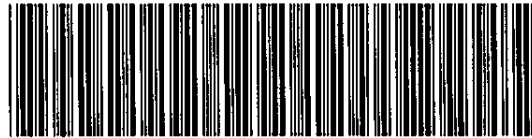
(Business Entity Name)

(Document Number)

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

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CLERK OF STATE  
TALLAHASSEE FLORIDA

01/20/17

## COVER LETTER

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

**SUBJECT: FEERICK LAMPS & KEYS 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: WILLIAM FEERICK

Name (Printed or typed)

2338 East NORVELL BRYANT HWY

Address

HERNANDO, FLORIDA 34442

City, State & Zip

(352) - 341 - 5267

Daytime Telephone number

bcfeerick@gmail.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: FEERICK LAMPS & KEYS INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2338 East Norvell Bryant HWY  
HERNANDO, FLORIDA 34442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: LAMP REPAIR AND KEYS CUT

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: William Feerick Pres. Name and Title: \_\_\_\_\_

Address 1084 East Cleveland St. Address: \_\_\_\_\_  
HERNANDO, FLORIDA 34442

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

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

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

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

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

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: WILLIAM FEERICK  
Address: 1084 East Cleveland Street  
Hernando, FLORIDA 34442

**ARTICLE VII INCORPORATOR**

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

Name: William Feerick  
Address: 1084 East Cleveland Street  
Hernando, FLORIDA 34442

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SECRETARY OF STATE  
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 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*

William Feerick  
Required Signature/Registered Agent

Jan 16, 2017  
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.*

William Feerick  
Required Signature/Incorporator

Jan 16, 2017  
Date