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ATLANTA, GEORGIA

OCT 03 2017  
K. Brumbley

September 29, 2017

Department of State  
New Filing Section  
Division of Corporations  
PO Box 6327  
Tallahassee FL 32314

***Re: FBS AC Maintenance Inc***

To whom it may concern:

Please find enclosed the Articles of Incorporation and payment for processing regarding FBS AC Maintenance Inc. I, Fritz Blaise, President of FBS AC Maintenance Inc, have no plans to reinstate this company but would like the Articles of Incorporation processed on as soon as possible. I understand the effective date will be for 2017.

Please process this request at your earliest convenience, should you have any further questions, please do not hesitate to contact me at 954-330-8105.

Sincerely,

A handwritten signature in black ink, appearing to be "Fritz Blaise", enclosed within a hand-drawn oval.

Fritz Blaise,  
President  
FBS AC Maintenance Inc

## COVER LETTER

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

**SUBJECT:** FBS AC MAINTENANCE 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:** FRITZ BLAISE  
\_\_\_\_\_  
Name (Printed or typed)

319 NE 3RD STREET  
\_\_\_\_\_  
Address

POMPANO BEACH FL 33063  
\_\_\_\_\_  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
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: FBS AC MAINTENANCE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

319 NE 3RD ST

POMPANO BEACH FL 33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: FRITZ BLAISE, PRESIDENT

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

Address 319 NE 3RD ST

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

POMPANO BEACH FL 33063

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

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

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

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

FILED  
17 OCT -2 AM 9:09  
SECRETARY OF STATE  
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: DAVID J COHEN  
Address: 4171 W HILLSBORO BLVD, STE 8  
COCONUT CREEK FL 33073

**ARTICLE VII INCORPORATOR**

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

Name: FRITZ BLAISE  
Address: 319 NE 3RD STREET  
POMPANO BEACH FL 33063

**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  
\_\_\_\_\_  
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  
\_\_\_\_\_  
Date