P17000078940

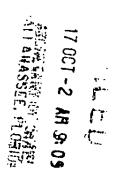
	questor's Name)			
971)	questors realing)			
	dress)			
(Au	oless)			
				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	ocument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
		ľ		
<u> </u>				





300304023223

10/02/17--01008--020 ++70.00



OCT 0 3 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.

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		
SUBJECT:	(PROPOSED CORPOR/	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	final and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	ITZ BLAISE	(Daint Language)	
		e (Printed or typed)	
319	NE 3RD STREET		<u></u>
		Address	
PO	MPANO BEACH FL 33063		
	City	State & Zip	
	Daytime 1	Celephone number	
	E-mail address: (to be use	d 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)

The name of the corporat	ion shall be: FBS AC MAINTENANCE	INC		
ARTICLE II PRINC	<u>TPAL OFFICE</u> Principal <u>street</u> address	Mailing add	Mailing address, if different is:	
POMPANO BEACH F	1. 33063			
				
ARTICLE III PURPO The purpose for which t	<u>OSE</u> he corporation is organized is: ANY AN	D ALL LAWFUL BUSINESS		
			170	
			OCT -2	
ARTICLE IV SHAR. The number of shares of	ES 100 stock is:		74 M C	
	L OFFICERS AND/OR DIRECTORS			
Name and Title	FRITZ BLAISE, PRESIDENT			
Address	319 NE 3RD ST	Address:		
	POMPANO BEACH FL 33063			
	:			
Address				
Name and Title	·	Name and Title:		
Address		Address:		

Name an	nd Title:	Name and Title:	
Address	·	Address:	
	REGISTERED AGENT		
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptabl DAVID J COHEN	e) of the registered agent is:	
Address:	4171 W HILLSBORO BLVD, STE 8		
	COCONUT CREEK FL 33073		
	<u>INCORPORATOR</u>		
The <u>name and a</u>	ddress of the Incorporator is:		
Name:	FRITZ BLAISE		
Address:	319 NE 3RD STREET		
	POMPANO BEACH FL 33063		
ARTICLE VIII	EFFECTIVE DATE: Other than the date of filing:	OPTIONAL	
Effective date, if (If an effective of filing.)	date is listed, the date must be specific and ca	nnot be more than five days pr	ior or 90 days after the
Note: If the date	e inserted in this block does not meet the applica	able statutory filing requirements.	, this date will not be listed as
the document's e	effective date on the Department of State's recor	ds.	
Havino been na	med as regis <u>tered ag</u> ent to accept service of pro	ocess for the above stated cornora	ution at the place designated is
	am familiar with and accept the appointment a		
$C \subset$			
	Required Signature/Registered Agent		Date
l submit this doc	cument and affirm that the facts stated herein	are true. I am aware that the fa	dse information submitted in c
	Department of State constitutes a third degree f		
Leta			
Requ	ired Signature/Incorporator		Date

.