

P17000087072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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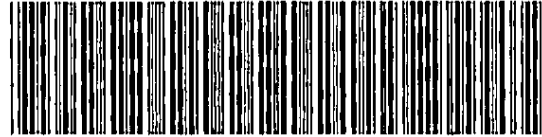
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17-OCT-27-AM 11:24
K. BRUMBLEY

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OCT 30 2017

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COVER LETTER

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

SUBJECT: FUSION PROJECT MANAGEMENT, 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: JAMES G H DAVIS
Name (Printed or typed)
19201 VISTA LANE B-9
Address
INDIAN SHORES, FL 33785
City, State & Zip
613-489-5250
Daytime Telephone number
taxchav@hotmail.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: FUSION PROJECT MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
19201 VISTA LANE B-9
INDIAN SHORES, FL 33785

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CONSULTING SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES G H DAVIS, PRESIDENT

Address 19201 VISTA LANE B-9

INDIAN SHORES, FL 33785

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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CLERK OF DISTRICT COURT
IN AND FOR THE DISTRICT OF 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: JAMES G H DAVIS _____

Address: 19201 VISTA LANE B-9 _____

INDIAN SHORES, FL 33785 _____

ARTICLE VII INCORPORATOR

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

Name: JAMES G H DAVIS _____

Address: 19201 VISTA LANE B-9 _____

INDIAN SHORES, FL 33785 _____

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

10/20/17

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

10/20/17

Date