

P19000043131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

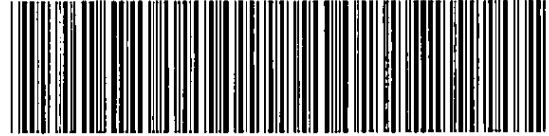
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
19 MAY 24 AM 11:54
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 28 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Fougere Design Consulting Inc

Signature _____

Requested by: Seth

5/24/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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: FOUGERE DESIGN CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
12629 87TH STREET N
WEST PALM BEACH, FL 33412

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONSULT ON RESIDENTIAL AND COMMERCIAL
INTERIOR DESIGN AND ANY OTHER BUSINESS LEGAL IN FLORIDA AND THE UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SUZANNE FOUGERE FROBOSE, PRES

Address: 12629 87TH STREET N

WEST PALM BEACH, FL 33412

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2019 MAY 24 AM 8:49
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: SUZANNE FOUGERE FROBOSE
Address: 12629 87TH STREET N
WEST PALM BEACH, FL 33412

ARTICLE VII INCORPORATOR

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

Name: SUZANNE FOUGERE FROBOSE
Address: 2629 87TH STREET N
WEST PALM BEACH, FL 33412

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

Suzanne Fougere Frobose 05/15/19

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.

Suzanne Fougere Frobose 05/15/19

Required Signature/Incorporator Date