

P20000005702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

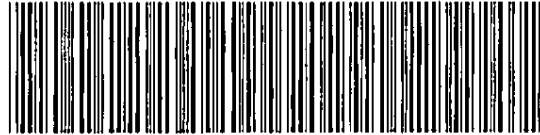
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/27/20--01002--008 **78.75

20 JAN 24 PM 4:50

2020 JAN 24 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1/27/20
1:00 PM

CAPITAL CONNECTION, INC.

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

FSA Industries Inc

Signature

Requested by: SETH

01/24/20

Name

Date

Time

Walk-In

Will Pick Up

X

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

X

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

COVER LETTER

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

SUBJECT: FSA INDUSTRIES 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: LYMAN ZIMOT
Name (Printed or typed)

2100 NURSERY ROAD APT. # H-11
Address

CHICAGO ILL 60644
City, State & Zip

727-336-4062
Daytime Telephone number

MARSHAL.TAS@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

TO WHOM IT MAY CONCERN

Date: January 23, 2020

Dear Sir/madam

I am the owner of the dissolved entity

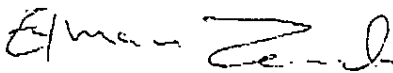
FSA INDUSTRIES, INC

DOCUMENT NUMBER: P16000067141

I have no intention for reinstating the above Corporation

For any more information please contact me.

Thank you.



Eyman Zomot

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2020 JAN 24 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FSA INDUSTRIES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2100 NURSERY ROAD
APT # H-11

Mailing address, if different is:

CLEARWATER FL 33764

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GYMAN ZOMOT
PRESIDENT
Address: 2100 NURSERY ROAD
APT # H-11
CLEARWATER FL 33764

Name and Title: SUHA ZOMOT V
Address: 2100 NURSERY ROAD
APT # H-11
CLEARWATER FL 33764

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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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: SUHA ZOMOT
Address: 2100 NURSERY ROAD APT # H-11
CLEARWATER FL 33764

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: CYMAN ZOMOT
Address: 2100 NURSERY ROAD APT # H-11
CLEARWATER FL 33764

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

Suha Zomot 11/25/20
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.

Edman Zomot 11/25/20
Required Signature/Incorporator Date