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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: First Option Installation and Renovation 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: Leslie Defrietas
Name (Printed or typed)

2582 Maguire Road #140
Address

Ocoee FL 34761
City, State & Zip

407-748-8206
Daytime Telephone number

CJbaker818@gmail.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: First Option Installation and Renovation Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2582 Maguire Road #140
Ocoee FL 34761

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To provide services to residential and commerical properties not limited but including repairs, renovation constructional installations doors, windows lighting ect. Renovation and contractual services sub-contracting including licensene employee provided

ARTICLE IV SHARES
The number of shares of stock is: 20000000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Leslie Defrietas CEO
Address 2582 Maguire Rd #140 Ocoee FL 34761

Name and Title: ~~CEO~~
Address:

Name and Title: Carla Baker /CFO
Address 1725 London Crest #109 Orlando FL 32818.

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE, FL

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: Carla Joseph-Baker

Address: 1725 London Crest #109
Orlando FL 32818

ARTICLE VII INCORPORATOR

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

Name: Carla Joseph-Baker

Address: 2582 Maguire Rd #140
Ocoee FL 34761

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/12/2020 (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

Carla V. Joseph-Baker — 2/12/2020

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.

Carla Joseph-Baker — 2/12/2020

Required Signature/Incorporator — Date