

P20000032757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☒ MAIL

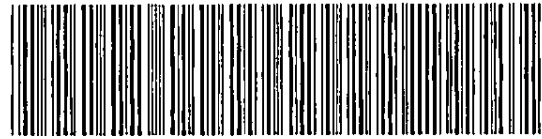
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

(FEIN = 85-0851381)

SUBJECT: FAYARD PROPERTIES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Harry Wright
Name (Printed or typed)

1750 Hutchinson Ferry Road
Address

Quincy, Florida 32352-6619
City, State & Zip

(850) 544-3932
Daytime Telephone number

hmikewright@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: FAYARD PROPERTIES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1750 Hutchinson Ferry Road

Quincy, Florida 32352-6619

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY LEGAL & LAWFUL BUSINESS WITHIN THE STATE OF FLORIDA AND THE UNITED STATES

ARTICLE IV SHARES

The number of shares of stock is: 1,000 Shares (\$0.01 par value)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Harry Wright, P,S,D

Name and Title: John R Fayard, Sr., VP, D

Address 1750 Hutchinson Ferry Road
Quincy, Florida 32352-6619

Address: #1 Fastway Lane
Gulfport, MS 39503

Name and Title: Terry P. Weill, Sr., D

Name and Title: Russell Fayard, D

Address 3411 Washington St, POB 10
Gulfport, MS 39503

Address: 3411 Washington St, POB 7624
Gulfport, MS 39506

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: HARRY M. WRIGHT

Address: 1750 Hutchinson Ferry Road
Quincy, Florida 32352-6619

ARTICLE VII INCORPORATOR

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

Name: HARRY M. WRIGHT

Address: 1750 Hutchinson Ferry Road
Quincy, Florida 32352-6619

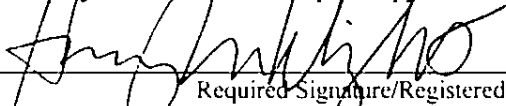
ARTICLE VIII EFFECTIVE DATE:

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

Harry M. Wright

MAY 1, 2020

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

Harry M. Wright

MAY 1, 2020

Date