

P23000071455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

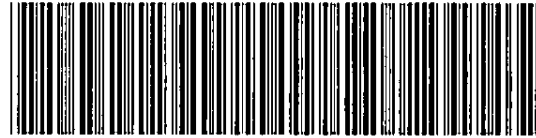
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COVER LETTER

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

Erik R. Fenniman Professional Services Inc.

SUBJECT: _____
(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: _____
Erik R. Fenniman Professional Services Inc.
Name (Printed or typed)

8231 North Meridian Road

Address

Tallahassee, Florida 32312

City, State & Zip

(850)528-9542

Daytime Telephone number

efenniman@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:

Erik R. Fenniman Professional Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8231 North Meridian Road

Mailing address, if different is:
Post Office Box 1634

Tallahassee, Florida 32312

Tallahassee, Florida 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide professional auditing services to professional clients
in independent fact-finding roles. The work excludes any and
all professional attorney work.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Erik R. Fenniman D

Name and Title:

Address

8231 North Meridian Road

Address:

Tallahassee, Florida 32302

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: Erik R. Fenniman
Address: 8231 North Meridian Road
Tallahassee, Florida 32312

ARTICLE VII INCORPORATOR

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

Name: Erik R. Fenniman
Address: Post Office Box 1634
Tallahassee, Florida 32302

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/5/2023 (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
Date 10.5.2023

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
Date 10.5.2023