

P25000004425

1.27.25

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COVER LETTER

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

SUBJECT: FESOBID PROFESSIONAL SERVICES, 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

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

ADDITIONAL COPY REQUIRED

FROM: ADETOKUNBO FESOBI
Name (Printed or typed)

11308 BRIDGE PINE DRIVE
Address

RIVERVIEW, FL 33569
City, State & Zip

813-245-5025
Daytime Telephone number

fesobid@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL 32314

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: FESOBID PROFESSIONAL SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11308 BRIDGE PINE DRIVE
RIVERVIEW, FL 33569

Mailing address, if different is:

SAME AS MAILING ADDRESS

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADETOKUNBO FESOBID-PRESIDENT Name and Title: _____

Address 11308 BRIDGE PINE DRIVE Address: _____

RIVERVIEW, FL 33569 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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CORPORATIONS
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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: ADETOKUNBO FESOB

Address: 11308 BRIDGE PINE DRIVE

RIVERVIEW, FL 33569

ARTICLE VII INCORPORATOR

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

Name: ADETOKUNBO FESOB

Address: 11308 BRIDGE PINE DRIVE

RIVERVIEW, FL 33569

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

Adetokunbo Fesobi

Required Signature/Registered Agent

01/03/2025

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.

Adetokunbo Fesobi

Required Signature/Incorporator

01/03/2025

Date

FESOBID PROFESSIONAL SERVICES, INC

11308 BRIDGE PINE DRIVE RIVERVIEW, FL 33569 (813)245-5025

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

January 3rd, 2025

Subject: Release of Corporation Name

This is to certify that I am the President of FESOBID PROFESSIONAL SERVICES, INC. listed under document No. P20000061819 and registered by me with the State of Florida Department of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using it in the future.

Sincerely,



Adetokunbo Fesobi
President

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