

P96000043043

TRANSMITTAL LETTER

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

600001765806
-04/02/96--01015--016
****131.25 ****131.25

SUBJECT: LLC
F.A.O. INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

THOMAS DELOUARD
Name (printed or typed)

2521 NE 7TH AVE
Address

POMPAH BEACH, FL 33064
City, State & Zip

419-4242 (hwp)
Daytime Telephone number

FILED
96 MAY 20 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W96-7484

502

Be 5/21

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 8, 1996

THOMAS DELQUADRI
2521 NE 7TH TERRACE
POMPANO BEACH, FL 33064

SUBJECT: T. A. D., INC.
Ref. Number: W96000007484

FILED
96 MAR 20 PM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for T. A. D., INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6923.

Doris McDuffie
Corporate Specialist Supervisor

Letter Number: 596A00015863

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

~~T.A.A.~~ D.L.Q.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Thomas DelQuadri
2521 NE 7th Terrace
Pompano Beach, FL 33064
954-788-9365

2521 N.E. 7th Terrace

FILED
56 MAY 20 PM 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Thomas DelQuadri
2521 NE 7th Terrace
Pompano Beach, FL 33064
954-788-9365

THOMAS DEL QUADRI

2521 NE 7th Terrace

Pompano Beach, FL 33064

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Thomas DelQuadri
2521 NE 7th Terr.
Pompano Bch, Fla
33064

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

23 day of March, 19 96.

Thomas DelQuadri
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

D.L.Q.

1. The name of the corporation is:

~~FAAD~~ Inc.

2. The name and address of the registered agent and office is:

Thomas DeQuadri
(NAME)

2521 NE 7th Terr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Pompano Bch, Fla 33064
(CITY/STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Thomas DeQuadri
(SIGNATURE)

11-23-96
(DATE)