

P240000046631

(Requestor's Name)

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(City/State/Zip/Phone #)

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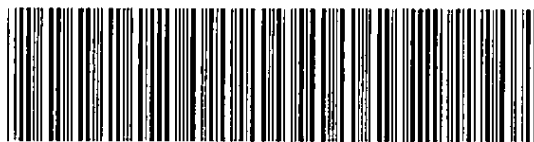
(Business Entity Name)

(Document Number)

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

SUBJECT: Form Pak 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

2024 JUL 25 AM 9:47
CORPORATE
FILING
SECTION
FL

FILED

FROM: Alleghen C. Carter-Gordan
Name (Printed or typed)

4819 Raleigh St
Address

Orlando, FL 32811
City, State & Zip

321-584-1403
Daytime Telephone number

formpak77inc@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: FormPall Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4819 Raleigh St
Orlando FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all business

ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

"p"

Name and Title: Allejah L. Carter-Gordon Name and Title: _____

Address: 4819 Raleigh St Address: _____

Orlando FL 32811

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FL
CLERK OF STATE

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: Alleyan C. Carter-Gordon

Address: 4819 Raleigh St
Orlando FL 32811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Alleyan C. Carter-Gordon

Address: 4819 Raleigh St
Orlando FL 32811

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DEPARTMENT OF STATE
TALLAHASSEE, FL

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

Alleyan C. Carter-Gordon
Required Signature/Registered Agent

7/15/23
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.

Alleyan C. Carter-Gordon
Required Signature/Incorporator

7/15/24
Date