

P04000015184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

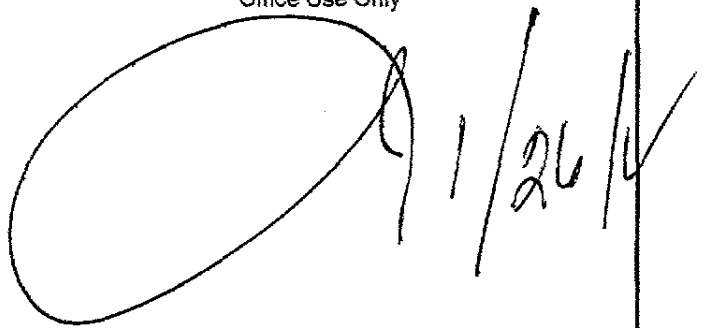
(Document Number)

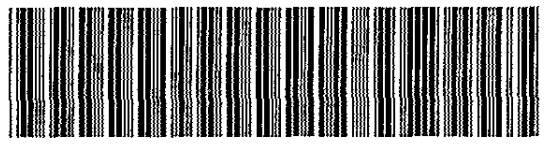
Certified Copies 1 Certificates of Status 1

Special Instructions to Filing Officer:

MAIL-OUT

Office Use Only





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DIVISION OF REGISTRATION

04 JAN 20 PM 3:32

RECEIVED

04 JAN 21 PM 2:06

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Connie Lee West Pressure Washing 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 of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM:

Connie L. West 3rd
Name (Printed or typed)

1917 Gina Dr.
Address

Tallahassee FL 32303
City, State & Zip

1-850-383 7514
Daytime Telephone number

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:

Connice West Pressure Washing Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*1917 Gina Dr.
Tallahassee, FL 32303*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Growth

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s): *President & Founder*

*Connice L West #1
1917 Gina Dr., Tallahassee, FL 32303*

*Coenglius West
1917 Gina Dr., Tallahassee, FL 32303 V. President*

*Connice L West Jr.
1516 Country Lane Tallahassee, FL 32304 OFFICERS*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

*Connice L West #1
1917 Gina Dr.
Tallahassee, FL 32303*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Connice L West #1
1917 Gina Dr.
Tallahassee, FL 32303*

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

Connice L West #1

Signature/Registered Agent

1/20/04

Date

Connice L West #1

Signature/Incorporator

1/20/04

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04 JAN 21 PM 2:06