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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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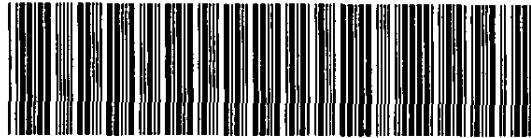
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

14

COVER LETTER

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

SUBJECT: **P&P ENVIRONMENTAL SERVICES CORP.**
(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

ADDITIONAL COPY REQUIRED

FROM: **Philip Pasquince**
Name (Printed or typed)

13223 Don Loop
Address

Spring Hill, FL 34609
City, State & Zip

(352)442-6116
Daytime Telephone number

ppasquince@hotmail.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 617, F.S., (Not for Profit)

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ARTICLE I NAME

The name of the corporation shall be: P&P Environmental Services Corp.

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ARTICLE II PRINCIPAL OFFICE

Principal street address:

13223 Don Loop

Spring Hill FL, 34609

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of our corporation is to clean up the environmental hazards that make our parks, beaches, & waterways unsafe for our wetland animals, underwater life, and humans. We would like to make this a clean & safe environment so people can enjoy the beautiful parks, beaches, & waterways. Cleaning our parks, beaches, & waterways will also make them more appealing to tourists & even local residents.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The board of directors shall be elected by voting members at the annual meeting. Directors shall serve for undetermined years as long as voting members concur.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Wiafe-Akenten Manu-Anno/Director

Address: 10941 Wintercrest Dr.
Riverview, FL 33569

Name and Title: Patrick Byrne/Director

Address: 3497 Orion Rd.
Spring Hill, FL 34606

Name and Title: Philip Pasquince/Director

Address: 13223 Don Loop
Spring Hill, FL 34609

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: Wiafe-Akenten Manu-Anno

Address: 10941 Wintercrest Dr.

Riverview, FL 33569

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patrick Byrne

Address: 3497 Orion Rd.

Spring Hill, FL 34606

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

Wiafe Akenten Manu-Anno
Required Signature of Registered Agent

06/26/2013
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
Required Signature of Incorporator

06/26/2013
Date