

PO1000028845

TRANSMITTAL LETTER

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

FILED
01 MAR 15 AM 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Riptide Services of SW Florida, Inc

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003854013--1
-03/15/01--01044--016
*****87.50 *****87.50

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

☐ \$ 70.00
Filing Fee

☐ \$ 78.50
Filing Fee
& Certificate of Status

☐ \$ 78.50
Filing Fee
& Certified Copy

☒ \$ 87.50
Filing Fee
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Riptide Services of SW Florida, Inc
Name (Printed or typed)

PO Box 574
Address

St James City, FL 33956
City, State & Zip

941-283-5085
Daytime Telephone number

Arlene Singleton GAVE
AUTHORIZATION BY PHONE TO
CONNECT RA address
DATE 3/21/07
BY PH

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:
Riptide Services of SW Florida, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
PO Box 574

St James City, Fl 33956

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Janitorial Services

ARTICLE IV SHARES

The number of shares of stock is:
100 One Hundred Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address (es):

Leo Singleton PO Box 574 St James City, Fl 33956 Director

Arlene Singleton PO Box 574 St James City, Fl 33956 Director

ARTICLE VI REGISTERED AGENT

The name and Florida address of the registered is

Leo Singleton
2425 York Rd

St James City, Fl 33956

ARTICLE VII INCORPORATOR

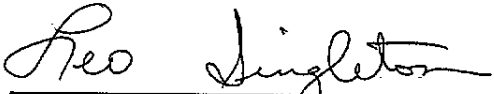
The name and address of the Incorporator is:

Arlene Singleton

PO Box 574

St James City, Fl 33956

.....
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.



Signature/ Registered Agent

3/5/01
Date



Signature/ Incorporator

3/5/01
Date

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ARTICLE VIII INCORPORATORS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The names and addresses of the incorporators signing these articles of
Incorporation on this 5th Day of March 2001

+ *Arlene Singleton*
Arlene Singleton

PO Box 574

St James City, FL 33956

Incorporator/Director

+ *Leo Singleton*

Leo Singleton

Po Box 574

St James City, FL 33956

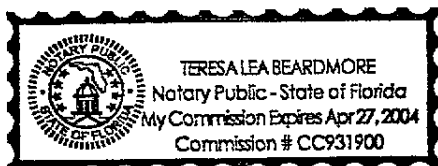
Registered Agent/ Director

STATE OF FLORIDA
COUNTY OF LEE

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE
ACKNOWLEDGEMENTS IN THE STATE AND COUNTY SET FORTH ABOVE
PERSONALLY APPEARED.

KNOWN TO ME AND KNOWN TO BE THE PERSON (S) WHO EXECUTED
THE FOREGOING ARTICLES OF INCORPORATION, AND WHO
ACKNOWLEDGED BEFORE ME THAT THEY EXECUTED THESE
ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND
SEAL, IN THE STATE AND COUNTY AFORESAID, ON THIS 5th DAY OF,
March, 2001



Teresa Lea Beardmore

Teresa Lea Beardmore

NOTARY PUBLIC