

PO200000109506

TRANSMITTAL LETTER

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

100008099611--8
-09/30/02--01047--001
*****87.50 *****87.50

SUBJECT:

Pressure Off, 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
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:

NATALI M. JEDLIKI

Name (Printed or typed)

19616 Dinner Key Drive

Address

Boca Raton, Florida 33498

City, State & Zip

(561) 756-1200

Daytime Telephone number

RECEIVED
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

02 OCT 10 PM 1:30

FILED

W-20598

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

pm 10/10 2



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

October 3, 2002

NATALI M JEDLICKI
19616 DINNER KEY DRIVE
BOCA RATON, FL 33498

SUBJECT: PRESSURE OFF, INC.
Ref. Number: W02000028598

We have received your document for PRESSURE OFF, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of 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 (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 102A00055629

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:

Pressure Off, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*4816 N. State Road 7, Suite 205
Coconut Creek, FL 33073*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pressure Cleaning, driveways, patios

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):

*NATALI M. JEDLIICKI, 19616 Dinner Key Dr.
Boca Raton, FL 33498
(President)*

ARTICLE VI REGISTERED AGENT

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

*NATALI M. JEDLIICKI
19616 Dinner Key Dr.
Boca Raton, FL 33498*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*NATALI M. JEDLIICKI
19616 Dinner Key Dr.
Boca Raton, FL 33498*

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

Natali
Signature/Registered Agent

9/27/02
Date

Natali
Signature/Incorporator

9/27/02
Date

FILED
02 OCT 10 PM 1:30
CLERK OF THE STATE
TALLAHASSEE, FLORIDA