P02000126919

TRANSMITTAL LETTER

02 NOV 25 AN II: 19
SECRETARY OF STATE
TALL PROSPECT OF STATE

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

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		æ.	100 0081 51 -10/02/02- ******78.75		
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	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	SAMUEL V	CAGLE (Printed or typed)			
17534 Willow POND DR. Address					
Lutz, Florida 33549 City, State & Zip					
813-949-7680					

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

Daytime Telephone number

W02-28192



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

October 4, 2002

SAMUEL V. CAGLE 17534 WILLOW POND DR LUTZ, FL 33549

SUBJECT: PURE PRESSURE OF FLORIDA, INC.

Ref. Number: W02000028792

We have received your document for PURE PRESSURE OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6930. $\log 2$

Letter Number: 202A00055931

Donna Graves Document Specialist New Filing Section OV 25 PH 4: 14

	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
	ARTICLE I NAME The name of the corporation shall be:	02 NOV 25 AM 11: 19
•	The name of the corporation shall be:	SECRETARY OF STATE
	The name of the corporation shall be: PURE PRESSURE OF FLORIDA, INC.	TALLAHÁSSEE, FLORIDA
	ARTICLE II PRINCIPAL OFFICE	
	The principal place of business/mailing address is: P.O. Box 1715/	
	TAMPA, F1. 33682	
	ARTICLE III PURPOSE	
	The purpose for which the corporation is organized is:	• • • • • • • • • • • • • • • • • • •
	PRESSURE WASHING SERVICES	
	ARTICLE IV SHARES	
	The number of shares of stock is:	•
	4000	
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
	The name(s), address(es) and title(s):	Parlo
	Charles michael HAUSS SAMUEL V. C	
	301. (N. GINDAX AND 17534 WILLOW)	POND Dr.
	Tampa Florida 33603 LUTZ, Florida	33549
	VICE PRESIDENT (PRESIDENT	
	ARTICLE VI REGISTERED AGENT	
	The <u>name and Florida street address</u> of the registered agent is:	
	SAMUEL V. CAGLE	
	17534 Willow POND DR.	
	Lutz, F1. 33549	
	ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
	Cameral V. CAGLE	
	SAMUEL V. CAGLE 17534 WILLOW POND DA.	
	Lutz, F1. 33549	
	**************************************	*******
	Having been named as registered agent to accept service of process for the above stated corporation at the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this cap	he place designated in this acity
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	Signature/Registered Agent	Date
	SVP36 9/1	8/02
	Signature/Incorporator	Date
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