

P03000011569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

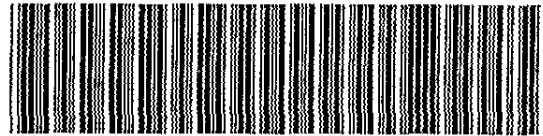
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VI  
1-30-0

## TRANSMITTAL LETTER

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

SUBJECT: COMPLETE SERVICES OF INDIAN RIVER COUNTY 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:

KEYIN M. BAILEY

Name (Printed or typed)

7055 53<sup>rd</sup> ST.

Address

VERO BEACH FL 32967

City, State & Zip

772-562-1761

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:

COMPLETE SERVICES OF INDIAN RIVER COUNTY INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7055 53rd ST.  
VERO BEACH FL 32967

P.O. BOX 7039  
VERO BEACH FL 32961

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SERVICES TO CLIENTS.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 @ \$ 1.00 PER SHARE.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

KEVIN M. BAILEY  
PRESIDENT  
P.O. BOX 7039  
VERO BEACH FL 32961

## ARTICLE VI REGISTERED AGENT

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

KEVIN M. BAILEY  
7055 53rd ST.  
VERO BEACH FL 32967

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KEVIN M. BAILEY  
7055 53rd ST.  
VERO BEACH FL 32967

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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

Signature/Incorporator

Date

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA