

P 03 0000 13500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

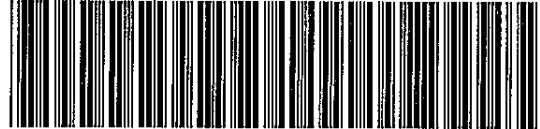
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200010136952

01/28/03--01005--006 **120.00

03 JAN 28 AM 9: 56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FEB 5

TRANSMITTAL LETTER

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

SUBJECT: PALM DRY CLEANERS & LAUNDRY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

- | | | | |
|---|---|--|---|
| <input checked="" type="checkbox"/> \$70.00
Filing Fee | <input type="checkbox"/> \$78.75
Filing Fee
& Certificate of Status | <input type="checkbox"/> \$78.75
Filing Fee
& Certified Copy | <input type="checkbox"/> \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status |
|---|---|--|---|
- ADDITIONAL COPY REQUIRED**

FROM: CARY S. SCHOEMAN
Name (Printed or typed)

645 VILLAGE DR
Address

TARPON SPRINGS FL 34689
City, State & Zip

(727) 421-1047
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:

PALM DRY CLEANERS & LAUNDRY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

14616 LIVINGSTON AVE
LOT 2 FL 33549

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAUNDROMAT

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES AT

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MR. CARY S. SCHOEMAN — PRESIDENT
645 VILLAGE DR
TARPON SPRINGS
FL 34689

ARTICLE VI REGISTERED AGENT

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

CARY S. SCHOEMAN
645 VILLAGE DR
TARPON SPRINGS FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARY S. SCHOEMAN
645 VILLAGE DR
TARPON SPRINGS FL 34689

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

FILED
03 JAN 28 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X 

Signature/Registered Agent

1-19-03

Date

X 

Signature/Incorporator

1-19-03

Date