P03000064376

(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

100020316221

06/09/03--01043--013 **70.00

FILED
03 JUN -9 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6-11-03

TRANSMITTAL LETTER

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

SUBJECT: Superior Leak Detection
(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: Jeff Cochrane
Name (Printed or typed)

2969 WATERFORD DR. N
Address

DEERFIELD Bch, Fla 33442
City, State & Zip

954 - 914 - 8396
Daytime Telephone number

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

FILED
03 JUN -9 AM 9:14
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: Superior Leak Detection Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2969 WATERFORD DR. N.
DEERFIELD Bch, Fla
33442.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Pool Leak Repair.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is: Jeff Cochrane
2969 WATERFORD DR. N.
DEERFIELD Bch, Fla.
33442

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is: Jeff Cochrane
2969 WATERFORD DR. N.
DEERFIELD Bch, Fla.
33442

****

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

Jeff Cochrane
Signature/Incorporator/Registered Agent

5-15-03
Date