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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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(Document Number)

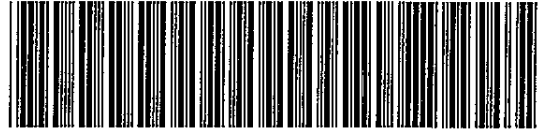
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: SANDOLLAR COIN 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:

☒ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: RICHARD ESKRIDGE

Name (Printed or typed)

5480 RATTLESNAKE HAMMOCK ROAD

Address

NAPLES, FL 34113

City, State & Zip

239 272 0416

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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be:  
SANDOLLAR COIN LAUNDRY INC

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:  
5480 RATTLESNAKE HAMMOCK RD  
NAPLES, FL 34113

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
COIN OPERATED LAUNDRY

**ARTICLE IV SHARES**

The number of shares of stock is:  
1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
RICHARD O. ESKRIDGE, PRESIDENT 5480 RATTLESNAKE HAMMOCK RD NAPLES FL 34113

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
RICHARD O. ESKRIDGE, PRESIDENT 5480 RATTLESNAKE HAMMOCK RD NAPLES FL 34113

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
RICHARD O. ESKRIDGE, PRESIDENT 5480 RATTLESNAKE HAMMOCK RD NAPLES FL 34113

\*\*\*\*\*

*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

Date

Signature/Incorporator

Date

