

P03000145003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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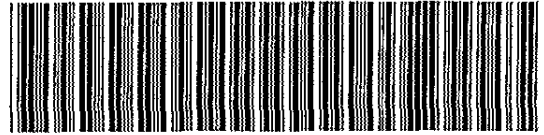
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 DEC -1 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/15/16

TRANSMITTAL LETTER

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

SUBJECT: REINMACHEN, 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: CHARLES E. RAY, ESQ.
Name (Printed or typed)

887 E. Prima Vista Blvd.

Address

Port St. Lucie, FL 34952

City, State & Zip

772-336-3745

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

REINMACHEN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

502 SW Fifer Avenue, Port St. Lucie, Florida 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pressure Cleaning Service and associated activities

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

James E. Stotz, President, Secretary, Treasurer, Director
502 SW Fifer Avenue
Port St. Lucie, FL 34953

ARTICLE VI REGISTERED AGENT

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

James E. Stotz
502 SW Fifer Avenue
Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James E. Stotz
502 SW Fifer Avenue
Port St. Lucie, FL 34953

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

X  Signature/Registered Agent JAMES E. STOTZ

11/26/03
Date

X  Signature/Incorporator JAMES E. STOTZ

11/26/03
Date