

P03000149258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

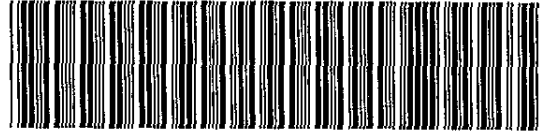
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600025226096

12/02/03--01019--009 \*\*78.75

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -8 AM 7:10

12-12-03

## TRANSMITTAL LETTER

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

SUBJECT: LARIMORE ENTERPRISES, 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: JOHN W. LARIMORE  
Name (Printed or typed)

206 PABLO POINT DRIVE  
Address

JACKSONVILLE, FL 32225  
City, State & Zip

(904) 221-9723  
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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -8 AM 7:10

### ARTICLE I NAME

The name of the corporation shall be:

LARIMORE ENTERPRISES, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

206 PABLO POINT DRIVE  
JACKSONVILLE, FL 32225

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRESSURE WASHING AND ANY AND ALL LEGAL BUSINESS

### ARTICLE IV SHARES

The number of shares of stock is:

500

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JOHN W. LARIMORE  
206 PABLO POINT DRIVE  
JACKSONVILLE, FL 32225  
PRESIDENT, DIRECTOR

CHRISTINA S. LARIMORE  
206 PABLO POINT DRIVE  
JACKSONVILLE, FL 32225  
SECRETARY/TREASURER

### ARTICLE VI REGISTERED AGENT

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

JOHN W. LARIMORE  
206 PABLO POINT DRIVE  
JACKSONVILLE, FL 32225

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN W. LARIMORE  
206 PABLO POINT DRIVE  
JACKSONVILLE, FL 32225

\*\*\*\*\*  
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

12-5-03  
Date

Signature/Incorporator

12-5-03  
Date