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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 FEB '2 PM 1:30

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**TRANSMITTAL LETTER**

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

**SUBJECT:** LOUIS CRAWFORD PREP SERVICE 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:** LOUIS CRAWFORD  
Name (Printed or typed)

3735 BRUTON ROAD  
Address

PLANT CITY, FL 33565  
City, State & Zip

727-744-8582  
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:

LOUIS CRAWFORD PREP SERVICE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

3735 BRUTON ROAD  
PLANT CITY, FL 33565

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

POOL SERVICE AND MAINTENANCE

**ARTICLE IV SHARES**

The number of shares of stock is:

500 (FIVE HUNDRED)

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

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

LOUIS C. CRAWFORD (PRESIDENT)  
3735 BRUTON ROAD  
PLANT CITY, FL 33565

LOUIS C CRAWFORD (VICE-PRES.)  
3735 BRUTON ROAD  
PLANT CITY, FL 33565

**ARTICLE VI REGISTERED AGENT**

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

LOUIS C. CRAWFORD  
3735 BRUTON ROAD  
PLANT CITY, FL 33565

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LOUIS C CRAWFORD  
3735 BRUTON ROAD  
PLANT CITY, FL 33565

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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 Louis C. Crawford  
Signature/Registered Agent

1/29/04  
Date

X Louis C. Crawford  
Signature/Incorporator

1/29/04  
Date

**FILED**

04 FEB ~2 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA