

PO4000069778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

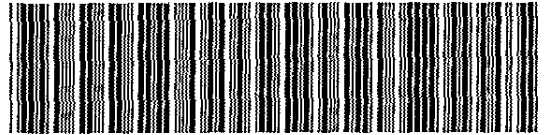
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/20/04/09/04

TRANSMITTAL LETTER

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

SUBJECT: Precision Cleaning of Palm Coast, 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: Patricia Barton
Name (Printed or typed)
30 Round Table Ln.
Address
Palm Coast, FL 32137
City, State & Zip
386-586-6023
Daytime Telephone number

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

**ARTICLES OF INCORPORATION
FOR
PRECISION CLEANING OF PALM COAST, INC.**
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

PRECISION CLEANING OF PALM COAST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

MAIL:
30 ROUND TABLE LN.
PALM COAST, FL 32137

PLACE OF BUSINESS:
14 UTILITY DR. UNIT 3
PALM COAST, FL 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THIS CORPORATION MAY ENGAGE OR TRANSACT IN ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE IV SHARES

The number of shares of stock is:

THE MAXIMUM NUMBER OF SHARES OF STOCK THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS 1000 SHARES OF COMMON STOCK HAVING A \$1.00 PAR VALUE.

ARTICLE V INITIAL DIRECTORS (optional)

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

THIS CORPORATION SHALL HAVE NO DIRECTORS, INITIALLY. THE AFFAIRS OF THE CORPORATION WILL BE MANAGED BY THE SHAREHOLDERS UNTIL SUCH TIME DIRECTORS ARE DESIGNATED AS PROVIDED BY THE BYLAWS.

ARTICLE VI INITIAL OFFICERS (optional)

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

PATRICIA BARTON
PRESIDENT
30 ROUND TABLE LN.
PALM COAST, FL 32137

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VII REGISTERED AGENT

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

PATRICIA BARTON
30 ROUND TABLE LN.
PALM COAST, FL 32137

ARTICLE VIII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA BARTON
30 ROUND TABLE LN.
PALM COAST, FL 32137

ARTICLE XI TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE X PREEMPTIVE RIGHTS

EVERY SHAREHOLDER UPON SALE FOR CASH OF ANY NEW STOCK OF THIS CORPORATION OF THE SAME KIND, CLASS, OR SERIES AS THAT WHICH HE ALREADY HOLDS, SHALL HAVE THE RIGHT TO PURCHASE HIS PRO RATA SHARE THEREOF AT THE PRICE AT WHICH IT IS OFFERED TO OTHERS.

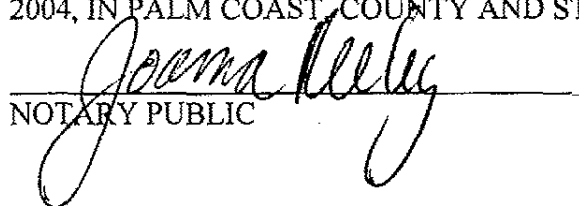
IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE ARTICLES OF INCORPORATION ON THIS 20 DAY OF APRIL, 2004.


PATRICIA BARTON

STATE OF FLORIDA
COUNTY FLAGLER

BEFORE ME PERSONALLY APPEARED PATRICIA BARTON, TO ME WELL KNOWN AND KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT, AND THEY PURPOSE THEREIN EXPRESSED.

WITNESS MY HAND AND OFFICIAL SEAL THIS 20 DAY OF April 2004, IN PALM COAST, COUNTY AND STATE AFORESAID.


NOTARY PUBLIC

MY COMMISSION EXPIRES:



Joanna Reeley
My Commission DD167490
Expires January 24, 2007

ARTICLE VII REGISTERED AGENT

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

PATRICIA BARTON
30 ROUND TABLE LN.
PALM COAST, FL 32137

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBERS HAVE EXECUTED THESE
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2004.


PATRICIA BARTON

STATE OF FLORIDA
COUNTY FLAGLER

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KNOW TO ME TO BE THE INDIVIDUALS DESCRIBED IN AND WHO EXECUTED THE
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WITNESS MY HAND AND OFFICIAL SEAL THIS 20 DAY OF April
2004, IN PALM COAST, COUNTY AND STATE AFORESAID.


NOTARY PUBLIC

MY COMMISSION EXPIRES:



Joanna Reeley
My Commission DD167460
Expires January 24, 2007

REGISTERED AGENT ACCEPTANCE

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

Dorinda L. Loebe

TITLE

PR.

DATE

20 APR 2004

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA