

P04000089525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

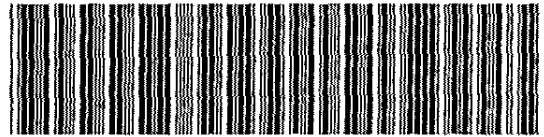
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TH 6/9/04

TRANSMITTAL LETTER

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

SUBJECT: FMS Pressure Cleaning, 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: Felicity Hendrix

Name (Printed or typed)

P.O. Box 709

Address

Bartow, FL 33831

City, State & Zip

863-224-3421

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:

FMS Pressure Cleaning, Inc.

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1640 S. Hibiscus Drive
P.O. Box 709
Bartow, FL 33831

TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pressure Cleaning Residential and Commercial Properties

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS

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

Stephen V. Hendrix, President
P.O. Box 709
Bartow, FL 33831
Felicity F. Hendrix, Treasurer/Secretary
P.O. Box 709
Bartow, FL 33831

ARTICLE VI REGISTERED AGENT

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

Felicity F. Hendrix
1640 S. Hibiscus Drive
Bartow, FL 33830

ARTICLE VII INCORPORATOR

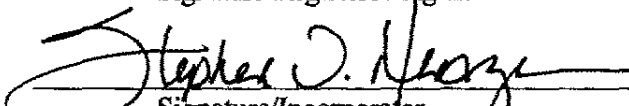
The name and address of the Incorporator is:


Stephen V. Hendrix
P.O. Box 709
Bartow, FL 33831

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

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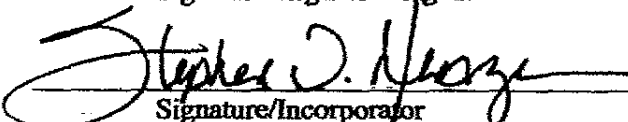
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Signature/Registered Agent

6-6-04

Date



Signature/Incorporator

6-6-04

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA