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(Business Entity Name)

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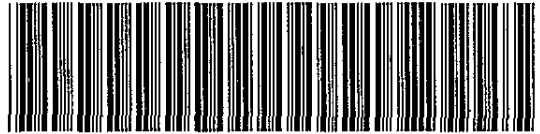
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W04-33396



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08/31/04--01023--005 **87.50

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2004 SEP 17 PM 3:21
CLERK OF STATE
TALLAHASSEE FLORIDA

9/21/04

TRANSMITTAL LETTER

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

FILED
2004 SEP 17 PM 3:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: A PERFECT VIEW ENTERPRISE INC/OBA PMCI
(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: PAUL HARDY
Name (Printed or typed)

1762 MORELIA LANE
Address

PORT ST. LUCIE, FLA 34953
City, State & Zip

772-342-3996
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 2, 2004

PAUL HARDY
1762 MORELIA LANE
PORT ST. LUCIE, FL 34953

SUBJECT: A PERFECT VIEW
Ref. Number: W04000033396

RECEIVED

04 SEP 17 PM 3:24

We have received your document for A PERFECT VIEW and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Please list the street address of each officer/director.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Document Specialist
New Filings Section

Letter Number: 204A00053476

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

~~PAUL HARDY ENTERPRISE CORP.~~
PAUL HARDY ENTERPRISE CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1762 MORELIA LN.
PORT ST. LUCIE, FLA. 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLEANING SERVICE / RES. - COMM.

ARTICLE IV SHARES

The number of shares of stock is:

~~1000~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PAUL HARDY PRESIDENT
KEVIN HARDY V.P.
PAULA HARDY SEC.

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

PAUL HARDY
752 S.W. ARUBA BAY
PORT ST. LUCIE, FLA. 34986

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PAUL HARDY
752 S.W. ARUBA BAY
PORT ST. LUCIE, FLA. 34986

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

Paul Hardy

Signature/Registered Agent

8-17-04

Date

Paul Hardy

Signature/Incorporator

8-17-04

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA