

P04000153659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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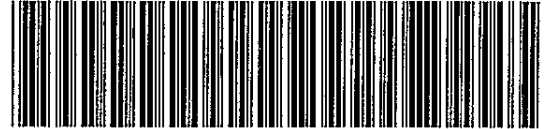
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

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

SUBJECT: CARPET STEAM of CENTRAL FLORIDA, 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: JOSUE DESROCHE

Name (Printed or typed)

6849 W. COLONIAL DRIVE

Address

ORLANDO, FLORIDA 32818

City, State & Zip

321-297-3049

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:

CARPET STEAM of CENTRAL FLORIDA. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6849 W. COLONIAL DRIVE, ORLANDO, FLORIDA 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY PURPOSE ALLOWED UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

10 (TEN)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

DIRECTOR YOLENE DESROCHE 6321 Lost Tree Court, Orlando, Florida 32818-4017

DIRECTOR JOSUE DESROCHE 6321 Lost Tree Court, Orlando, Florida 32818-4017

ARTICLE VI REGISTERED AGENT

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

Yolene Desroche 6321 Lost Tree Court, Orlando, Florida 32818-4017

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Josue Desroche 6321 Lost Tree Court, Orlando Florida 32818-4017

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

Yolene Desroche

Signature/Registered Agent

11-04-04
Date

Josue Desroche

Signature/Incorporator

11-04-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA