

P05000043807

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

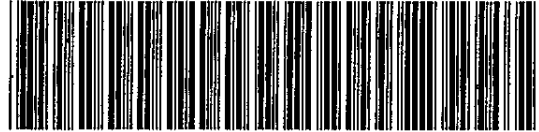
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2005 MAR 23 PM 3:03
CLERK OF STATE
ALLAHOSSIE FLORIDA

3/23/05

TRANSMITTAL LETTER

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

FILED
2005 MAR 23 PM 3:03

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

SUBJECT: KEITH'S COMPLETE MOBIL CAR CARE, 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: KEITH LOMACK
Name (Printed or typed)

4321 NW 19 STREET BLDG.#5 - #7
Address

LAUDERHILL, FL. 33313
City, State & Zip

954-588-8126
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

2005 MAR 23 PM 3:03

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

March 14, 2005

KEITH LOMACK
4321 NW 19 STREET
BUILDING #5 - #7
LAUDERHILL, FL 33313

SUBJECT: KEITH'S COMPLETE MOBIL CAR CARE, INC.
Ref. Number: W05000009884

We have received your document for KEITH'S COMPLETE MOBIL CAR CARE, INC. 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 person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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: 205A00017107



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

RECEIVED

05 MAR 10 AM 11:12

February 25, 2005

KEITH LOMACK
4321 NW 19 STREET
BUILDING #5 - #7
LAUDERHILL, FL 33313

SUBJECT: KEITH'S COMPLETE MOBIL CAR CARE, INC.
Ref. Number: W05000009884

We have received your document for KEITH'S COMPLETE MOBIL CAR CARE, INC. 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 document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

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: 505A00013354

*Remitted
3/7/05
KL*

2005 MAR 23 PM 3:03
DEPT 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:

Keith's Complete Mobil Car Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4321 NW 19 Street Bldg. 5 #7
Lauderhill, FL 33313-7394

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Mobil Car cleaning service

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gregory Keith Lomack, Directors
Chashia Lomack, Directors
4321 NW 19 Street Bldg. 5 #7
Lauderhill, FL 33313-7394

ARTICLE VI REGISTERED AGENT

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

Gregory Keith Lomack
4321 NW 19 Street Bldg. 5 #7
Lauderhill, FL 33313-7394

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gregory Keith Lomack
4321 NW 19 Street Bldg. 5 #7
Lauderhill, FL 33313-7394

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

Gregory Keith Lomack

Signature/Registered Agent

3-22-05

Date

Gregory Keith Lomack

Signature/Incorporator

3-22-05

Date

FILED

2005 MAR 23 PM 3:03

CLERK OF STATE
TALLAHASSEE FLORIDA