

POS000151016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200061199762

11/09/05--01032 - 001 \*\*70.00

05 NOV 14 AM 8:18

W05-50465

B. McKnight NOV 15 2005

## COVER LETTER

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

SUBJECT: KLEAN RITE, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: DAN MURPHY - MURPHY'S ACCOUNTING, INC.  
Name (Printed or typed)

20020 VETERANS BOULEVARD, UNIT 10  
Address

PORT CHARLOTTE, FL 33954-2113  
City, State & Zip

941-764-1144  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

November 9, 2005

DAN MURPHY  
20020 VETERANS BLVD UNIT 10  
PORT CHARLOTTE, FL 33954-2113

SUBJECT: KLEAN RITE, INC.  
Ref. Number: W05000050465

We have received your document for KLEAN RITE, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

An effective date may be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6931.

Becky McKnight  
Document Specialist  
NEW FILINGS

Letter Number: 405A00066934

**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:

KLEAN RITE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1333 JAPAN STREET  
NORTH PORT, FL 34288

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

STARTING NEW BUSINESS.

**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):

TODD J. DIERS, PRESIDENT/SECRETARY  
1333 JAPAN STREET  
NORTH PORT, FL 34288

**ARTICLE VI REGISTERED AGENT**

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

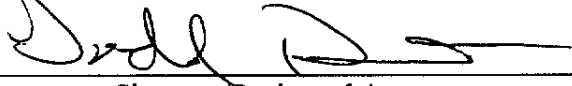
TODD J. DIERS  
1333 JAPAN STREET  
NORTH PORT, FL 34288

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

TODD J. DIERS  
1333 JAPAN STREET  
NORTH PORT, FL 34288

\*\*\*\*\*  
*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

10/31/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10/31/05  
\_\_\_\_\_  
Date

05 NOV 14 AM 8:18