PM0000183360

| (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: | 7 | | |
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Office Use Only



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SECRETARY OF STATE
ALLAMASSEF FROME



COVER LETTER

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

| SUBJECT: PEECABOO WINDOW | TINTING INC. | |
|--|-------------------------------------|--|
| (PROPOSED CORPORA) | FE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an original and one (1) copy of the artic | cles of incorporation and | a check for: |
| Filing Fee Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50 Filing Fee, Certifled Copy & Certifleate of Status |
| | ADDITIONAL COPY REQUIRED | |
| FROM: LESLIE BELL FUCE JR. | | |
| Name (Printed or typed) | | |
| 702 SOUTH WC OWE | NS AVENS | ·········· |
| CLEWISTON, FL.33440 |) State & Zip | |
| 863-983-1002 | 1 | |
| Daytime 16 | elephone 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:

PEECABOO WINDOW TINTING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

702 SOUTH WC OWENS AVE, CLEWISTON, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WINDOW TINTING

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LESLIE BELL FUCE JR. President DOROTHY JOHNSON Vice President

ARTICLE VI REGISTERED AGENT

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

LESLIE B. FUCE Jr. 702 S. WC Owens Ave Clewiston, FI 33440

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LESLIE B. FUCE Jr. 702 S.WC Owens Ave. Clewiston.Fl 33440

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

Signature/Incorporator

Date

Date

)6 JUN 19 PM 3: 1
SECRETARY OF STAT