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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
08 JUN -6 PM 2:13

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COVER LETTER

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN -6 PM 2:13

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

SUBJECT: ISLAND ROSE DETAILING, 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: ISLAND ROSE DETAILING, INC

Name (Printed or typed)

6810 FRONT STREET NUM 208

Address

KEY WEST, FL 33040

City, State & Zip

305-304-4217

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)

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ARTICLE I NAME

The name of the corporation shall be:

ISLAND ROSE DETAILING, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6810 FRONT STREET KEY WEST FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE PROFESSIONAL DETAILING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MACK GUICE III

ARTICLE VI REGISTERED AGENT

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

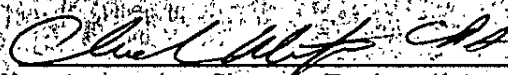
CHARLES L WEITZEL CPA
6810 FRONT STREET
KEY WEST FL 33040

ARTICLE VII INCORPORATOR

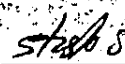
The name and address of the Incorporator is:

CHUCK WEITZEL
150 SEA LANE
KEY WEST FL 33040

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



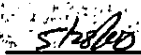
Signature/Registered Agent



Date



Signature/Incorporator



Date