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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA

TRANSMITTAL LETTER

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

SUBJECT: BUE SMASHER 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: JAMES H. WILLIAMS
Name (Printed or typed)

3N64 US Hwy 19 N
Address

PALM HARBOR FL 34684
City, State & Zip

(727) 224-4445
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:

QUE SMASHERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

31504 US HWY 19 N
PALM HARBOR, FL 34684

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PEST CONTROL SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES H. WILLIAMSON PRESIDENT, DIRECTOR
3150 OMAHA ST.
PALM HARBOR, FL 34682

ARTICLE VI REGISTERED AGENT

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

JAMES H. WILLIAMSON
31504 US HWY 19 N
PALM HARBOR, FL 34684

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES H. WILLIAMSON
3150 OMAHA ST.
PALM HARBOR, FL 34682

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA