

P09000009439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

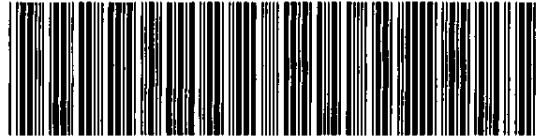
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2009 JAN 29 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2009 JAN 29 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: PERFECT SHINE ENTERPRISE 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: PAOLA I ROTH

Name (Printed or typed)

8417 BAMBOO ROAD

Address

FORT MYERS, FLORIDA 33967

City, State & Zip

239 297-8551

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:

PERFECT SHINE ENTERPRISE INC

ARTICLE II PRINCIPAL OFFICE

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

8417 BAMBOO ROAD
FORT MYERS, FL 33967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE PURPOSE IS FOR THE CORPORATION TO ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

The maximum number of shares of stock the corporation is authorized to have outstanding at any time is one thousand (1000) shares of common stock, of one dollar (\$1.00) par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PAOLA I ROTH
8417 BAMBOO ROAD
FORT MYERS, FL 33967
TITLE: PRESIDENT

ARTICLE VI REGISTERED AGENT

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

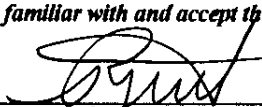
PAOLA I ROTH
8417 BAMBOO ROAD
FORT MYERS, FL 33967

ARTICLE VII INCORPORATOR

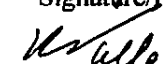
The name and address of the Incorporator is:

FRANCISCO VALLE
2015 SCHOONER DR.
LABELLE, FL 33935

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

01/26/09
Date

1-26-09
Date

FILED
2009 JAN 29 PM 12:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA