

PO9000/01680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

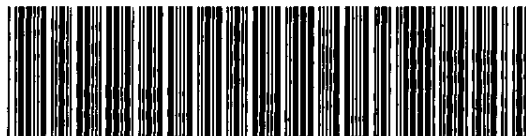
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200162202362

10/29/09--01021--012 **78.75

FILED

09 DEC 17 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 12/21/09

4109-48429



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2009

THOMAS PUGNO
PO BOX 21
FLAT ROCK, MI 48134

SUBJECT: ALL AROUND SERVICES INC.
Ref. Number: W09000048429

We have received your document for ALL AROUND SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name you are requesting is unavailable, since it has been previously requested by another individual and the document was returned to the individual for corrections and has not yet been resubmitted.

An effective date may be added to the Articles of Incorporation if a 2010 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 corrected 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 809A00034449

RECEIVED

09 DEC 17 AM 10:50

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: All Around Services, 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: Thomas Pugno
Name (Printed or typed)

PO Box 21
Address

Flat Rock, MI 48134
City, State & Zip

734-783-6666
Daytime Telephone number

tpugno@hotmail.com
E-mail address: (to be used for future annual report notification)

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

T-26-2009 MON 01:42 PM

FAX NO.

P. 02

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: All Around Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 2926 Southwest Romano
Port St. Lucie, FL 34953

Mailing: PO Box 21 Flat Rock, MI 48134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residential Renovation Services

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): Randy McMullen, President
2926 Southwest Romano
Port St. Lucie, FL 34953

ARTICLE VI REGISTERED AGENT

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

Thomas Pugno
2926 Southwest Romano
Port St. Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Randy McMullen
2926 Southwest Romano
Port St. Lucie, FL 34953

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

October 24, 2009

Date

X 

Signature/Incorporator

October 24, 2009

Date

FILED
09 DEC 17 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA