

P100000146621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

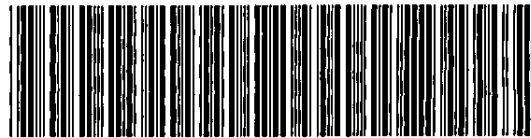
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400168503864

02/18/10--01003--009 **78.75

RECEIVED

10 FEB 18 AM 10:25

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 FEB 18 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/18/10

COVER LETTER

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

SUBJECT: B. T. S. mobile Auto Detailing and lawncare
(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: JOHN ANTILL
Name (Printed or typed)

24 Swift Pass
Address

Crawfordville FL 32327
City, State & Zip

850 519 8985
Daytime Telephone number

Antillfamily@comcast.net
E-mail address: (to be used for future annual report notification)

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

FILED
10 FEB 10 AM 11:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

B.T.S. Mobile Auto Detailing and Lawn Care Inc.

ARTICLE II PRINCIPAL OFFICE

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

24 Swift Pass
Crawfordville FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to clean Autos and Do lawn care

ARTICLE IV SHARES

The number of shares of stock is:

5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOHN ANTILL
24 Swift Pass
Crawfordville FL 32327

ARTICLE VI REGISTERED AGENT

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

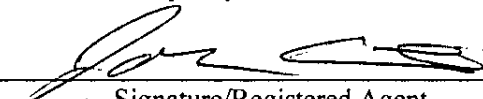
JOHN ANTILL
24 Swift Pass
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

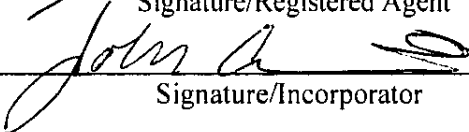
The name and address of the Incorporator is:

JOHN ANTILL
24 Swift Pass
Crawfordville FL 32327

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

2/18/10

Date

2/18/10

Date

FILED
16 FEB 20 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA