

PI 0000095911

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐

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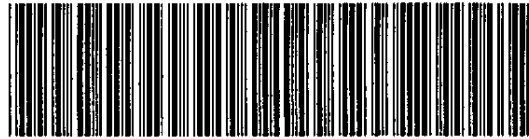
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 NOV 22 PM 3:49

APPROVED  
AND  
FILED

14

## COVER LETTER

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

**SUBJECT:** Absolute Hood and Ventilation Cleaning 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      ☐ \$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:** Wayne and Lisa Ward

\_\_\_\_\_  
Name (Printed or typed)

4215 West San Juan Street

\_\_\_\_\_  
Address

Tampa, Florida 33629

\_\_\_\_\_  
City, State & Zip

(813)531-5355

\_\_\_\_\_  
Daytime Telephone number

AbsoluteHoodVentilation@yahoo.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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:

Absolute Hood and Ventilation Cleaning Services, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

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

6406 Willow Bend Place

Tampa, Florida 33629

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Cleaning and repair of hood exhaust systems located with dwelling

## **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):

Wayne R. Ward, President  
4215 West San Juan Street  
Tampa, Florida 33629

Lisa M. Ward, Vice President  
4215 West San Juan Street  
Tampa, Florida 33629

## **ARTICLE VI REGISTERED AGENT**

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

Lisa M. Ward

4215 West San Juan Street

Tampa, Florida 33629

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

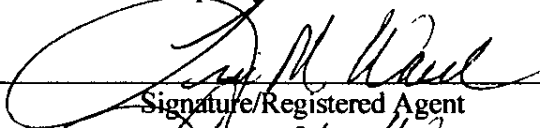
Lisa M. Ward

4215 West San Juan Street

Tampa, Florida 33629

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*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*

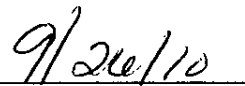
  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

APPROVED  
AND  
FILED

10 NOV 22 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date