

P110000610222

(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



200192289962

01/27/11--01015--019 **78.75

FILED
11 JAN 27 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRP
1/31

COVER LETTER

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

SUBJECT: 1st IMPRESSIONS 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: PETRA SINGLETON INC.

Name (Printed or typed)

4850 NE 5TH AVE SUITE 102

Address

BOCA RATON, FL 33431

City, State & Zip

561-886-8458

Daytime Telephone number

JODYJOHNSEN@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:

1ST IMPRESSIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

**4850 NE 5TH AVE, SUITE 102
BOCA RATON, FL 33431**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SPECIALTY AUTO DETAIL

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PETRA SINGLETON**

Address: **4850 NE 5TH AVE, SUITE 102
BOCA RATON, FL 33431**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **PETRA SINGLETON**

Address: **4850 NE 5TH AVE, SUITE 102
BOCA RATON, FL 33431**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **PETRA SINGLETON**

Address: **4850 NE 5TH AVE, SUITE 102
BOCA RATON, FL 33431**

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


Required Signature/Registered Agent/Incorporator

1/24/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

FILED
11 JAN 27 PM 1:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA