

P11000 015016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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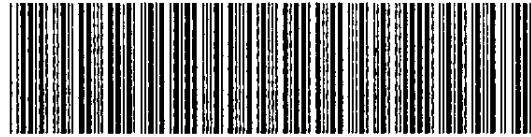
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/11/11--01014--012 **78.75

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11 FEB 11 PM 2:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
2/14

COVER LETTER

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

SUBJECT: Precision Floor Care Specialist, 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: Andre Thomas

Name (Printed or typed)

1860 Bearberry Cir. 26-308

Address

Lutz, FL. 33559

City, State & Zip

813-479-7637

Daytime Telephone number

precisionfloorcare@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)

FILED

11 FEB 11 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from

ARTICLE I NAME Precision Floor Care Specialist, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
1860 Bearberry Cir. 26-308
Lutz, FL 33559

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Corporation shall 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: Ten Thousand (10,000) shares at One Cent (\$.01) each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Andre Thomas - President
Address: 1860 Bearberry Cir. 26-308
Lutz, FL 33559

Name and Title: Nicole Hicks - Vice-President
Address: 1860 Bearberry Cir. 26-308
Lutz, FL 33559

Name and Title: Nicole Hicks - Secretary
Address: 1860 Bearberry Cir. 26-308
Lutz, FL 33559

Name and Title: Andre Thomas - Treasurer
Address: 1860 Bearberry Cir. 26-308
Lutz, FL 33559

Name and Title: Daymon Bell - Director of Operations
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: Nicole Hicks
Address: 1860 Bearberry Cir. 26-308
Lutz, FL 33559

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicole Hicks
Address: 1860 Bearberry Cir. 26-308
Lutz, FL 33559

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

Nicole Hicks
Required Signature/Registered Agent

2/8/11
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.

Nicole Hicks
Required Signature/Incorporator

2/8/11
Date