

PU000015514

(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



100192985781

02/03/11--01035--019 **78.75

111-6993

FILED

2011 FEB 14 PM 4:41

DEPT. OF STATE
FALLS CHURCH, VA

2-Burch FEB 15 2011

No copy

COVER LETTER

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

SUBJECT: The Tub Doctors, 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: Art Thompson

Name (Printed or typed)

321 SE 13th Ct.

Address

Pompano Beach, FL 33060

City, State & Zip

954-588-3198

Daytime Telephone number

art@thetubdr.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:

~~The Tub Doctors, Inc.~~ DR TUBZ RESTORATIONS, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

321 SE 13th Ct.
Pompano Beach, FL 33060

Mailing address, if different is:

6278 N. Federal Hwy.
Suite 283
Fort Lauderdale, FL 33308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Surface Restoration Contractor

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Art Thompson, President
Address: 321 SE 13th Ct.
Pompano Beach, FL 33060

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:

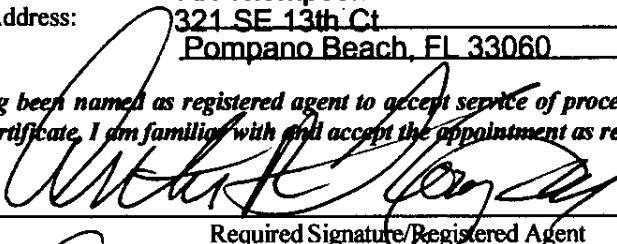
Name: Art Thompson
Address: 321 SE 13th Ct.
Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Art Thompson
Address: 321 SE 13th Ct.
Pompano Beach, FL 33060

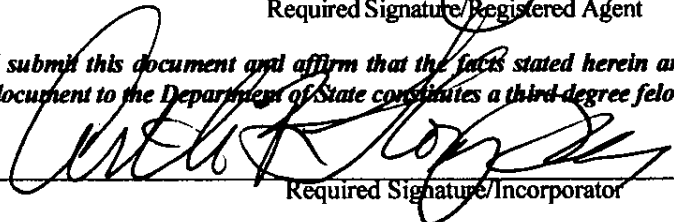
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

01/27/2011

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

01/27/2011

Date

FILED
2011 FEB 14 PM 4:41
FLORIDA