## P110000000173

(Requestor's Name)		
(Address)		
(Address)	<u></u>	
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of S	Status	
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

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

## SUBJECT: STEVE'S MOBILE AUTO DETAILING INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
FROM: Steven C. Taylor	ne (Printed or typed)
1117 Ware Avenue	Address
Port Charlotte, FL 3394	48 v, State & Zip
941 661-7465  Daytime	Telephone number
stevesautodetailinc@gn E-mail address: (to be use	nail.com ed 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 Stove's Mobile Auto De		i i i i i i i i i i i i i i i i i i i
The name of the cor	······	tailing Inc.	11 JH 29 AKII: O
ARTICLE II	PRINCIPAL OFFICE		FE GOIN ES PATEL O
	Principal street address		Mailing address, indifferent is y OF STATE
11	17 Ware Avenue		TALLAHASSEE FLORID
Po	ort Charlotte		IALLATIA DE TUHIU
EI.	orida 33948		
456007070707	www.no.co		
ARTICLE III F			
	ich the corporation is organized is: liability protection.		
ARTICLE IV			
		_	
	INITIAL OFFICERS AND/OR DIRECTOR		
Name and Titl	c:Steven C. Taylor - Pres	_ Name and Title	<b>:</b>
Address:	1117 Ware Avenue		
	Port Charlotte		
	Florida 33948	_	
Name and Titl	e:	Name and Title	a•
Address:		Address:	
		_	
		_	
	e:	_ Name and Title	3:
Address:		_ Address:	
		<del>-</del>	
ADDIOLD IN T		-	
	<b>LEGISTERED AGENT</b> da street address (P.O. Box NOT acceptable) of	the mediatered con-	4 :
Name:	Steven C. Taylor		THE IS:
Address:			
Address.	1117 Ware Avenue Port Charlotte, Fl. 33948	<b>-</b>	
	Foli Charotte, Ft. 55946	-	
ARTICLE VII 1	NCORPORATOR		
The name and addr	ess of the Incorporator is:		
Name:	Steven C. Taylor	_	
Address:	1117 Ware Avenue	-	
	Port Charlotte, FL 33948	-	
Having been named this certificate, I am	as registered agent to accept service of process familiar with and accept the appointment as regi	s for the above sta istered agent and	ated corporation at the place designated in agree to act in this capacity
Du	en a Janh		June 26, 2011
	Required Signature/Registered Agent	<del></del>	Date
I submit this document	and and affirms that the facts stated bearing and	tena 1 am mu	that the false information authorized to
	ent and affirm that the facts stated herein are artment of State constitutes of third degree felony		
1/2			
Jul	in Caph		June 26, 2011
. •	Required Signature/Incorporator		Date