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(City/State/Zip/Phone #)

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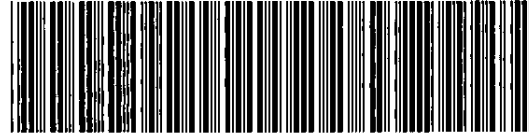
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUL -5 AM 11:33

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J. Stivers JUL 06 2011

COVER LETTER

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

SUBJECT: All Sports Laundry Solutions, 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: Lisa C. Wasman

Name (Printed or typed)

88 Wekiva Pointe Circle

Address

Apopka, Fl. 32712

City, State & Zip

407-227-0568

Daytime Telephone number

lwasman@yahoo.com

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

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

All Sports Laundry Solutions, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
970 Sunshine Lane
Altamonte Springs, Fl.
32714

Mailing address, if different is:

PO Box 1525
Apopka Fl.
32704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Service- Laundry for Sports Teams

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa C. Wasman, President, Treasurer
Address: 88 Wekiva Pointe Circle
Apopka, Fl. 32712

Name and Title: _____
Address: _____

Name and Title: Norma J. Pierce, Vice President
Address: 714 Brook Forest Ct.
Apopka, Fl. 32712

Name and Title: _____
Address: _____

Name and Title: Susan A. Wasman, Vice President
Address: 122 Valencia Loop
Altamonte Springs, Fl. 32714

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: Lisa C. Wasman
Address: 88 Wekiva Pointe Circle
Apopka, Fl. 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa C. Wasman
Address: 88 Wekiva Pointe Circle
Apopka, Fl. 32712

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

Lisa C. Wasman
Required Signature/Registered Agent

7/1/11
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.

Lisa C. Wasman
Required Signature/Incorporator

7/1/11
Date