

PL20000017952

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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212-8797

FILED  
12 FEB 22 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 2/22

COVER LETTER

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

SUBJECT: DECARBONIZER DIRECT-2 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  
**ALREADY PAID**

☐ \$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

REF W12000008797

FROM: J.W. REEVE  
Name (Printed or typed)

4501 NE 21ST AVE SUIT 407  
Address

FT. LAUDERDALE FL 33308  
City, State & Zip

954 249-9279  
Daytime Telephone number

OK CHAP 007 @ AOL.COM  
E-mail address: (to be used for future annual report notification)

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

RECEIVED  
12 FEB 22 AM 9:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 14, 2012

JOHN W REEVE  
4501 NE 21ST AVE STE 407  
FT LAUDERDALE, FL 33308

SUBJECT: DECARBONIZER DIRECT INC  
Ref. Number: W12000008797

We have received your document for DECARBONIZER DIRECT INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 012A00006800

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:

**DECARBONIZER DIRECT, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Att: **J. W. REEVE**  
**4501 N.E. 21st Ave Suite 407**  
**Fort Lauderdale FL 33308**

Mailing address, if different is:

**4501 NE 21ST AVE SUITE 407**  
**FT LAUDERDALE**  
**FL 33308**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**DECARBONIZER TANKS AND DETERGENT POWDER**  
**TO BAKERIES & RESTAURANTS AND HOTELS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **PRESIDENT J REEVE** Name and Title:

Address: **4501 NE 21ST AVE** Address:

**(SUITE 407)**

**FT LAUDERDALE FL**

**33308**

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: **John W. Reeve**

Address: **4501 N.E. 21st Ave Apt 407**  
**Fort Lauderdale FL 33308**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **John W. Reeve**

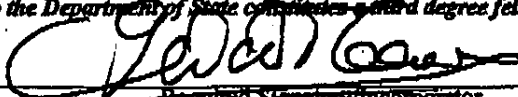
Address: **4501 NE 21ST AVE SUITE 407**  
**Fort Lauderdale FL 33308**

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

**2/22/12**  
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 2817.155, F.S.

  
Required Signature/Incorporator

**2/22/12**  
Date

FILED  
12 FEB 22 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA