

P12000028273

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12 MAR 22 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-11593

K 03/23/12



RECEIVED

12 MAR 22 AM 11:31

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 28, 2012

ROBERT CHAPMAN
5601 SW 39TH COURT
DAVIE, FL 33314

SUBJECT: FLORIDA MAINTENANCE PROFESSIONALS INC.
Ref. Number: W12000011593

We have received your document for FLORIDA MAINTENANCE PROFESSIONALS 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 number of the name conflict is P04000167985 (FLORIDA MAINTENANCE PROFESSIONALS, INC.).

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 912A00008147

COVER LETTER

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

SUBJECT: FL MAINTENANCE PROFESSIONALS, 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

→ Attached Letter #912A00008147
Ref. #W12000011593

FROM: Robert Chapman

Name (Printed or typed)

5601 SW 39th Court

Address

Davie, FL 33314

City, State & Zip

954-554-3720

Daytime Telephone number

flmaintenancepro@bellsouth.net

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

FL MAINTENANCE PROFESSIONALS, INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5601 SW 39th Court
Davie, FL 33314

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES

The number of shares of stock is: The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having \$1.00 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Chapman

Address: President/Director

5601 SW 39th Court

Davie, FL 33314

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: Robert Chapman

Address: 5601 SW 39th Court

Davie, FL 33314

ARTICLE VII INCORPORATOR

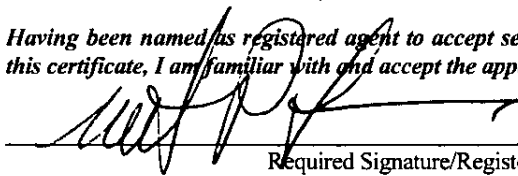
The name and address of the Incorporator is:

Name: Robert Chapman

Address: 5601 SW 39th Court

Davie, FL 33314

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.

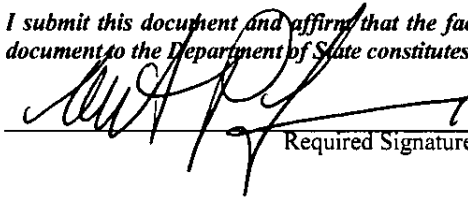


Required Signature/Registered Agent

03/09/2012

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

03/09/2012

Date

12 MAR 22 PM 2:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA