

P12000049607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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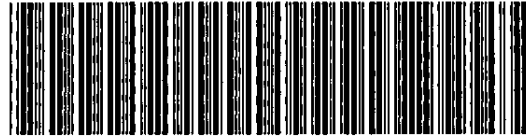
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/29/12--01021--006 **78.75

FILED
2012 MAY 29 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 30 2012

COVER LETTER

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

SUBJECT: DoneRite A/c, 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: Reynald Pierre-Louis
Name (Printed or typed)

2961 SW Sandbar Street
Address

Port Saint Lucie, FL 34953
City, State & Zip

954 461 6603
Daytime Telephone number

reynald.pierre-Lou@att.net
E-mail address: (to be used for future annual report notification)

2012 MAY 29 AM 10:50
TALLAHASSEE, FL 32314
SECRETARY OF STATE

FILED

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:

Done Rite A/c, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2961 SW Sandbar St.
Port Saint Lucie FL 34953

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Air conditioning repairs

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Reynald Pierre-Louis Name and Title: Indira Pierre-Louis

Address: 2961 SW Sandbar St. Address: 2961 SW Sandbar St.

Pres. Port Saint Lucie 34953

V.P. Port Saint Lucie FL 34953

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: Reynald Pierre-Louis

Address: 2961 SW Sandbar St.

PSL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Reynald Pierre-Louis

Address: 2961 SW Sandbar St.

PSL FL 34953

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:

[Signature]

Required Signature/Registered Agent

5/23/2012
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.

[Signature]

Required Signature/Incorporator

5/23/2012
Date

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