

P12000081506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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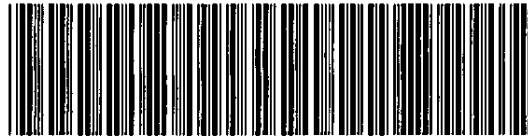
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 SEP 25 AM 9:56

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COVER LETTER

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

SUBJECT: DUNRITE CARPET DRY CLEANING, 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: JAMES C. SIMPSON

Name (Printed or typed)

771 SW SOUTH MACEDO BLVD

Address

PORT ST. LUCIE, FLORIDA 34983

City, State & Zip

(772) 873-1818

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 DUNRITE CARPET DRY CLEANING, INC.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1550 SE TALBROOK COURT
PORT ST. LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CARPET DRY CLEANING & SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KARL KOLLING, PRESIDENT

Address: 1550 SE TALBROOK COURT
PORT ST LUCIE FL 34952

Name and Title: DANIEL LEACH, MEMBER

Address: 1807 SE JHIDEWAY CIRCLE
PORT ST LUCIE, FL 34952

Name and Title: PATRICIA PACITTI, VICE PRES

Address: 3325 IRONWORK
PORT ST LUCIE, FL 34952

Name and Title: ERIC KOLLING, MEMBER

Address: 1550 SE TALBROOK COURT
PORT ST LUCIE, FL 34952

Name and Title: MICHAEL HERRERA, MEMBER

Address: 2150 SE SHELTER DRIVE
PORT ST LUCIE, FL 34952

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: JAMES SIMPSON

Address: 771 SW SOUT MACEDO BLVD
PORT ST LUCIE, FL 34983

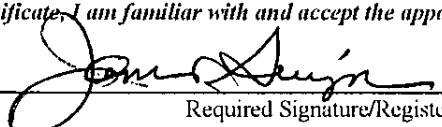
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KARL KOLLING

Address: 1550 SE TALBROOK COURT
PORT ST LUCIE, FL 34952

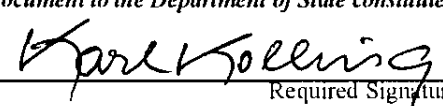
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

22 SEP 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

22 SEP 2012

Date

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TALLAHASSEE FLORIDA

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