

P120000086177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

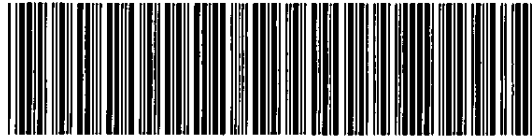
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/11/12--01013--003 **70.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12 OCT 11 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Perfect Touch Detailing
(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: Anthony Hunt
Name (Printed or typed)
P.O. Box 551583
Address
Jacksonville, Florida 32255
City, State & Zip
904-424-3460
Daytime Telephone number
thunt530@gmail.com
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

The name of the corporation shall be:

Perfect Touch Detailing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8381 Baymeadows Rd.
Jacksonville, Fl. 32256

Effective Jan. 1 2013
Mailing address, if different is:
P.O. Box 551543
Jacksonville, Fl. 32255

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anthony Hunt / President
Address: P.O. Box 551543
Jacksonville, Fl. 32255

Name and Title: _____
Address: _____

Name and Title: John Ellison / Vice President
Address: 5005 San Jose Blvd.
Jacksonville, Fl. 32207

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Tom Diamond
Address: 640 Eugenia St. Apt. 202
Tallahassee, Fl. 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anthony Hunt
Address: P.O. Box 551543
Jacksonville, Fl. 32255

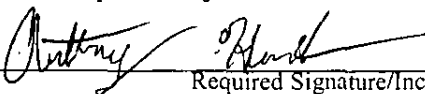
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/11/12
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 s.817.155, F.S.



Required Signature/Incorporator

10/11/12
Date