

P12000088811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

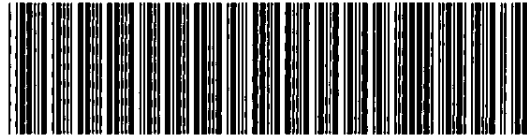
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Sean Leon **NAME**
AUTHORIZATION BY PHONE TO
CONTACT Article IV
DATE 10/22/12
DOC. # MRS

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 OCT 19 PM 12:33

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10/22/12

COVER LETTER

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

SUBJECT: Phantom Detailing & Pressure Cleaning Corp.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Sean Leon
Name (Printed or typed)

200 NE 20th St Apt 109-A
Address

Boca Raton, FL 33431
City, State & Zip

(561) 929-9451
Daytime Telephone number

Phantommobiledetailing@yahoo.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: Phantom Detailing & Pressure Cleaning Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

200 NE 20th St
APT 109-A
Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Detail cars/boats as well as pressure cleaning

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Address:

Sean Leon / President
200 NE 20th St. APT 109-A
Boca Raton, FL 33431

Name and Title:

Address:

Name and Title:

Address:

Sean Leon / Treasurer
200 NE 20th St. APT 109-A
Boca Raton, FL 33431

Name and Title:

Address:

Name and Title:

Address:

Sean Leon / Secretary
200 NE 20th St. APT 109-A
Boca Raton, FL 33431

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:

Address:

Sean Leon
200 NE 20th St. APT 109-A
Boca Raton, FL 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Address:

Gretchen Leon
9185 Ramblewood Dr. APT 632
Coral Springs, FL 33071

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

Sean Leon

Required Signature/Registered Agent

10-15-12

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.

Gretchen Leon

Required Signature/Incorporator

10/15/12

Date

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12 OCT 19 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA