

P/2000093442

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

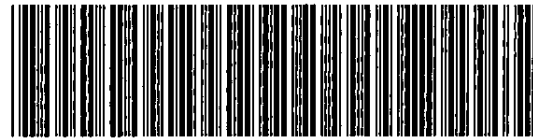
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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FILING CANCELLED
RETURNED CHECK

11/08/12--01008--008 **78.75

12 NOV -8 PM 1:42
TALLAHASSEE, FLORIDA

K 11/09/12

COVER LETTER

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

SUBJECT: Circle OF Kings CAR Wash, 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: Eric Colbert
Name (Printed or typed)

P.O. Box 607954
Address

Orlando FL 32860
City, State & Zip

407-692-3039
Daytime Telephone number

durhamFoundation@aol.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: Circle OF Kings CAR WASH, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2875 S. Orange Ave.
Orlando FL 32806

Mailing address, if different is:
P.O. Box 607954
Orlando FL 32860

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the
Purpose of transacting any or all lawful
business.

**FILING CANCELLED
RETURNED CHECK**

ARTICLE IV SHARES

The number of shares of stock is: 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Eric Colbert P-5-7</u>	Name and Title: _____
Address: <u>P.O. Box 607954</u>	Address: _____
<u>Orlando FL 32860</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Michael Young
Address: 81611 Robinson Street
Orlando FL 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael Young
Address: 81611 Robinson Street
Orlando FL 32801

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

11-6-12
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.

[Signature]
Required Signature/Incorporator

11-6-12
Date

ALL DOCUMENTS FILED
12 NOV - 0 PM 10:42
TALLAHASSEE, FLORIDA