## P13000033452

(Requestor's Name)				
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PICK-UP	MAIT WAIT	MAIL		
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FILING CANCELLED RETURNED CHECK

13 APR -9 AM 9: 42 SEGRETARY OF STATE

> A/12 M

## **COVER LETTER**

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

SUBJECT: Razz	zle Dazzle Maintenance	Engineering Servic	es, Inc.			
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )					
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	l 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				
C	Poldio C. Grooms					

Name (Printed or typed)

H35 H Calan May S.

Address

City State & Zip

727-222-9946

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

## FILING CANCELLED ARTICLES OF INCORPORATION RETURNED CHECK In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

name of the corpor	ME Razzle Dazzle Mainten		
ricte ii PR 335 Alcaz	INCIPAL OFFICE Principal street address ar Way S. urg, FL 33712	Mailing a	ddress, if different is:  AZAR WAY S.  Irg, FL 33712
			-
	f stock is: TOO  TIAL OFFICERS AND/OR DIRECTOR	<u></u>	13 APR -9 AM SEGRETARY OF TALLAHASSEE F
number of shares o	f stock is:	RS Name and Title: Address:	13 APR -9 AH 5:42  SEGRETARY OF STATE TARLAHASSEE FLIRIDA
ricle v in  Name and Tit  Address	TIAL OFFICERS AND/OR DIRECTOR e: Goldie C. Grooms, CEO 4835 Alcazar Way S	Name and Title: Address:  Name and Title:	5 9: <b>42</b>

## FILING CANCELLED RETURNED CHE®®

Name a	and Title:	Name and Title:
Addre		Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Kimberly Williams	
Address:	4835 Alcazar Way S	
radivos.	St. Petersburg, FL 33712	TAS 13
ARTICLE VI	address of the Incorporator is: Goldie C. Grooms	MPR -9 AM 9: AHASSEE FLOW
Address:	4835 Alcazar Way S. St. Petersburg, FL 33712	
Having been no this certificate,	amed as registered agent to accept service of process I am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity  04/08/2013
	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are to e Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Selen	· Snow	04/08/2013
<del></del>	Required Signature/Incorporator	Date