

P 13000051349

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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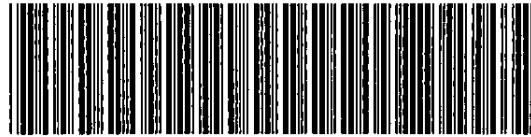
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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6/13/13

COVER LETTER

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

SUBJECT: EXPRESS CARPET CARE OF HILLSBOROUGH, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: A-1 DEPENDABLE BOOKKEEPING & TAX SERVICE, INC.

Name (Printed or typed)

221 PAULS DRIVE SUITE C

Address

BRANDON, FL 33511-3897

City, State & Zip

813-681-1099

Daytime Telephone number

FLATAXLADY@AOL.COM

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

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

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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: EXPRESS CARPET CARE OF HILLSBOROUGH, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4710 DOVER CLIFF COURT

DOVER, FLORIDA 33527

Mailing address, if different is:

POST OFFICE BOX 110

BRANDON, FLORIDA 33509-0110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: FOR ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 @ 1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARISOL AGRINZONIS - PRESIDENT

Address: 4710 DOVER CLIFF COURT
DOVER, FLORIDA 33527

Name and Title: ROBERT AGRINZONIS - VICE PRESIDENT

Address: 4710 DOVER CLIFF COURT
DOVER, FLORIDA 33527

Name and Title: MARISOL AGRINZONIS - TREASURER

Address: 4710 DOVER CLIFF COURT
DOVER, FLORIDA 33527

Name and Title: ROBERT AGRINZONIS - SECRETARY

Address: 4710 DOVER CLIFF COURT
DOVER, FLORIDA 33527

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(cont.)

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: MARISOL AGRINZONIS
Address: 4710 DOVER CLIFF COURT
DOVER, FLORIDA 33527

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: MARISOL AGRINZONIS
Address: 4710 DOVER CLIFF COURT
DOVER, FLORIDA 33527

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

6-7-13
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

6-7-13
Date

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