

P13000018739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

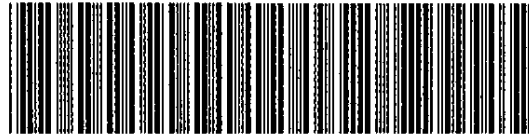
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/20/13--01028 --005 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 SEP 20 PM 2:30

9/24/13

**COVER LETTER**

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

**SUBJECT:** Elite Car Wash of Clermont, 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:** Kelley S Flynn Reischl

Name (Printed or typed)

1230 Oakley Seaver Dr.

Address

Clermont, Florida 34711

City, State & Zip

602-430-1818

Daytime Telephone number

ksflynn@yahoo.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

Elite Car Wash of Clermont, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13 SEP 20 PM 2: 30

Mailing address, if different is:

1230 Oakley Seaver Dr.

Clermont, Florida 34711

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Full service car wash and detailing services.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Kelley S Flynn Reischl

Address: 1230 Oakley Seaver Dr.  
Clermont, FL 34711

Name and Title: Scott J Reischl

Address: 1230 Oakley Seaver Dr.  
Clermont, FL 34711

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(conti.)

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:

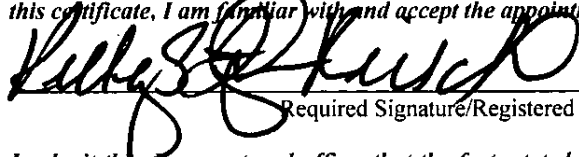
Name: Kelley S Flynn Reischl  
Address: 1230 Oakley Seaver Dr.  
Clermont, FL 34711

**ARTICLE VII INCORPORATOR**

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

Name: Kelley S Flynn Reischl  
Address: 1230 Oakely Seaver Dr.  
Clermont, FL 34711

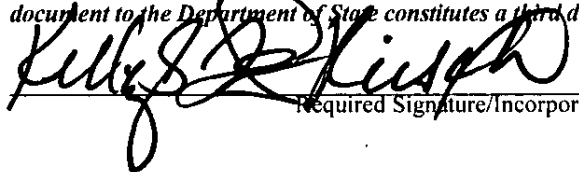
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

9-19-2013

\_\_\_\_\_  
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

9-19-2013

\_\_\_\_\_  
Date

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