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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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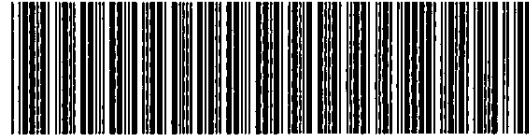
(Business Entity Name)

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TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Sentry Floor Service, 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: Kevin Fales Sr.
Name (Printed or typed)

4808 Justin Lane
Address

Plant City, FL 33565
City, State & Zip

813. 326. 3021
Daytime Telephone number

Wyatt18fales@gmail.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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NOTE: Please provide the original and one copy of the articles.

12-11-2013

To whom it may concern,

I, Ronald Novak Jr., Ronald Novak Jr. relinquish all rights to Sentry Floor Service to
Kevin Fales Sr.

Please allow Kevin Fales Sr. to use the name Sentry Floor Service for his floor
cleaning business.

Sincerely,

Ronald Novak Jr.



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TALLAHASSEE FLORIDA

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: Sentry Floor Service, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4808 Justin Lane
Plant City, FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conducting any and all business
for profit

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Kevin Fales Sr. (owner)

Name and Title:

Address

4808 Justin Lane
Plant City, FL 33565

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

(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:

Kevin Fales Sr. / Kevin Fales Sr.

Address:

4808 Justin Lane
Plant City, FL 33565

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Kevin Fales, Sr. /

Address:

4808 Justin Lane
Plant city FL 33565

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

Kevin M. Fales Sr.
Kevin M. Fales Sr. Required Signature/Registered Agent

11/25/13
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.

Kevin M. Fales Sr.
Kevin M. Fales Sr. Required Signature/Incorporator

11/25/13
Date