

P14 000021291

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -5 AM 11:01

02372

3/6/14

COVER LETTER

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

SUBJECT: Pressure Washing Plus 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Danny Lemons

Name (Printed or typed)

15845 Surfbird Ct

Address

Mascotte, FL 34753

City, State & Zip

407-473-3185

Daytime Telephone number

emailalderman@gmail.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. (PROVISIONS)

ARTICLE I NAME

The name of the corporation shall be: Pressure Washing Plus Inc. 45

ARTICLE II PRINCIPAL OFFICE

Principal street address

15845 Surfbird Ct
Mascotte, FL 34753

Mailing address, if different is:

P.O. Box 402
Mascotte, FL 34753

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this business, is to provide commercial and residential cleaning, maintenance and repairs to the general public.

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DIVISION OF CORPORATIONS
MAR - 5 AM 11:01

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Danny Lemons

Name and Title: _____

Address 15845 Surfbird Ct.
Mascotte, FL 34753

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ 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: Danny Lemons
Address: 15845 Surfbird Ct
Mascotte, FL 34753

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Danny Lemons
Address: 15845 Surfbird Ct.
Mascotte, FL 34753

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

3-1-14
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

3-1-14
Date