

P14000029022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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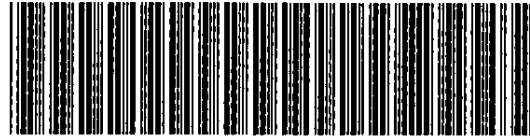
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 MAR 31 PM 3:36

1/4

COVER LETTER

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

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

FROM: Patrick T. Ryan
Name (Printed or typed)
7675 Hernando Ct.
Address
Naples, FL. 34114
City, State & Zip
239-436-3674
Daytime Telephone number
patrmbsales@aol.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. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ALLPRO Residential Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7675 Hernando Ct.

Naples, FL. 34114

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate a residential maintenance business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick T. Ryan President

Address: 7675 Hernando Ct.

Naples, FL. 34114

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(cont.)

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DIVISION OF CORPORATE

| | |
|-----------------------|--|
| Name and Title: _____ | Name and Title: <u>2014 MAR 31 PM 3:36</u> |
| Address _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


Name: Patrick T. Ryan
Address: 7675 Hernando Ct.
Naples, FL. 34114

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patrick T. Ryan
Address: 7675 Hernando Ct.
Naples, FL. 34114

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

03/26/2014

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

03/26/2014

Date