

P14000032780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

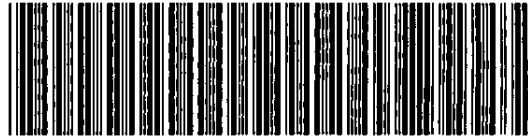
(Business Entity Name)

(Document Number)

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16 APR -7 AM 10:57

CLERK OF STATE
TALLAHASSEE, FLORIDA

W14000019298

4/14/14

COVER LETTER

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

SUBJECT: PRESSURE WARSHIN' 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: RICHARD DENNIS FOWLER
Name (Printed or typed)
2265 SE MASTER AVE
Address
PORT ST LUCIE, FL 34952
City, State & Zip
772-214-2400
Daytime Telephone number
EARTHEUS@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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16 APR -7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



RECEIVED

14 APR -7 PM 2:06

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 26, 2014

RICHARD DENNIS FOWLER
2265 SE MASTER AVENUE
PORT ST LUCIE, FL 34952

SUBJECT: PRESSURE WARSHIN'
Ref. Number: W14000019298

We have received your document for PRESSURE WARSHIN' and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please list the city name in its entirety abbreviation is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 314A00006502

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14 APR -7 AM 10:57
SECRETARY OF STATE
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: **PRESSURE WARSHIN' INC.**

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14 APR -7 AM 10:57

ARTICLE II PRINCIPAL OFFICE

Principal street address

2265 SE MASTER AVE

PORT ST LUCIE, FL

34952

Mailing address, if different is: **TALAHASSEE, FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **NEW BUSINESS**

ARTICLE IV SHARES

The number of shares of stock is: **1000000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **RICHARD FOWLER / OWNER / PRESIDENT / CEO**

Address: **2265 SEMASTER AVE**
PORT ST LUCIE, FL 34952

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: RICHARD FOWLER
Address: 2265 SE MASTER AVE
PORT ST LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICHARD FOWLER
Address: 2265 SE MASTER AVE
PORT ST LUCIE, FL 34952

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

03/12/2014

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

03/12/2014

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA