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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MT 7/14

COVER LETTER

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

SUBJECT: TRUSTED Garage Doors & PROPERTY MAINTENANCE
(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: Ed Olivencia
Name (Printed or typed)

131 mandarin dr
Address

Lake Placid FL 33852
City, State & Zip

863-840-4072
Daytime Telephone number

TRUSTEDINC@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: TRUSTED Garage Doors & Property Maintenance, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

131 mandolin Dr
Lake Placid FL 33852

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Garage Doors & Property Service

ARTICLE IV SHARES

The number of shares of stock is: 1 000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ed Olivencia - P Name and Title: _____

Address 131 mandolin Dr Address: _____
Lake Placid FL 33852

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: Ed Olivencia

Address: 131 mandolin dr

Like Placid FL 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ed Olivencia

Address: 131 mandolin dr

Like Placid FL 33852

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

[Signature]

Required Signature/Registered Agent

6-21-14

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.

[Signature]

Required Signature/Incorporator

6-21-14

Date

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