

P14000097359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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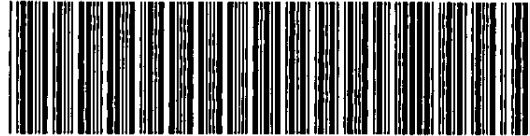
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 DEC - 1 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

UH

COVER LETTER

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

SUBJECT: Spatial Hygenics 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: John N. Gray
Name (Printed or typed)
1002 Celery Avenue
Address
Sanford Florida 32771
City, State & Zip
407-719-0904
Daytime Telephone number
gray2105@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

APPROVAL
AND
FILED

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: Spatial Hygenics Inc. 14 DEC -1 PM 1:41

ARTICLE II PRINCIPAL OFFICE

Principal street address

1002 Celery Avenue
San Ford Fla 32771

SECRETARY OF STATE
MAILING ADDRESS, TALLAHASSEE, FLORIDA

P O Box 2661
San Ford Fla 32772

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To sell and operate Air and
Water Purification Systems.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John N. Gray/President Name and Title: _____

Address: 1002 Celery Ave Address: _____
San Ford Fla 32771

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
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14 DEC -1 PM 1:41

Name and Title: _____ Name and Title: _____
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: John N. Gray *John N. Gray*
Address: 1002 Celery Ave
Sanford Fla 32771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John N. Gray *John N. Gray*
Address: 1002 Celery Ave
Sanford Fla 32771

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

John N. Gray 11/25/2014
Required Signature/Registered Agent 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.

John N. Gray 11/25/2014
Required Signature/Incorporator Date