

P14 000100924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

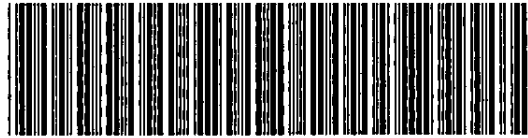
(Document Number)

Certified Copies _____

Certificates of Status _____

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FILED
CLERK OF STATE
14 DEC 18 AM 11:03
DIVISION OF CORPORATIONS

12/22/14

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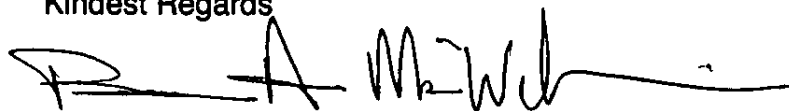
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re : Corporation P13000082277/American Portable Toilets, Inc.

To Whom it May Concern:

I am closing the above corporation document number P13000082277 named American Portable Toilets Inc. (See attached document) and I am releasing the name American Portable Toilets Inc. to myself (Barbara MacWilliam) to open a new corporation. (See attached documents). I will not be reinstating the corporation P13000082277 .

Kindest Regards

A handwritten signature in black ink, appearing to read 'Barbara A. MacWilliam', with a long horizontal flourish extending to the right.

Barbara A. MacWilliam

COVER LETTER

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

SUBJECT: American Portable Toilets, 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: Barbara A. MacWilliam
Name (Printed or typed)
2195 North Kings Highway
Address
Fort Pierce, Florida 34951
City, State & Zip
772-538-9575
Daytime Telephone number
bmacw10@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. (Profit)

ARTICLE I NAME American Portable Toilets Inc.

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2195 North Kings Highway

Fort Pierce, Florida 34951

ARTICLE III PURPOSE

Profit

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 1000

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barbara MacWilliam/President

Name and Title: _____

Address 2195 North Kings Highway

Address: _____

Fort Pierce, Florida 34951

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
14 DEC 18 AM 11:03

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:

Barbara MacWilliam

Name: _____

2195 North Kings Highway

Address: _____

Fort Pierce, Florida 34951

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara MacWilliam

Name: _____

2195 North Kings Highway

Address: _____

Fort Pierce, Florida 34951

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

12-02-2014

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

12-02-14

Date