

P14000100965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

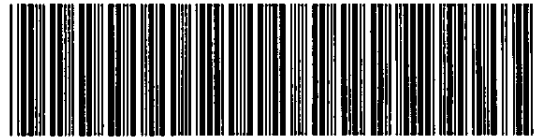
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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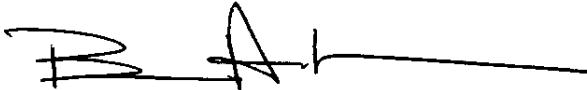
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re : Corporation P13000082226/DrainMaster Inc.

To Whom it May Concern:

I am closing the above corporation document number P13000082226 named DrainMaster Inc. (See attached document) and I am releasing the name DrainMaster Inc. to myself, (Barbara MacWilliam) to open a new corporation. (See attached documents). I will not be reinstating the corporation P13000082226.

Kindest Regards

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

Barbara A. MacWilliam

14 DEC 16 PM 3:09
TALLAHASSEE, FL 32314

COVER LETTER

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

DRAINMASTER INC.

SUBJECT: _____
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$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 DrainMaster 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

Barbara MacWilliam/President

Name and Title: _____ 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: _____

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

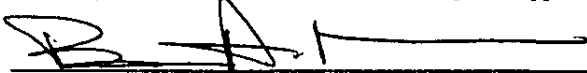
Name: _____

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

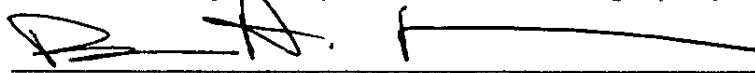


Required Signature/Registered Agent

12/17/14

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.



Required Signature/Incorporator

12/17/14

Date

14 DEC 18 PM 2:00
CLERK OF COURT
JANICE L. HARRIS