

P14000102529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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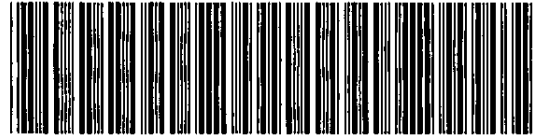
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 DEC 29 PM 12:13  
STATE  
TALLAHASSEE, FLORIDA

12/31/14 ch

## COVER LETTER

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

FARROW & Moore Enterprises Inc.

SUBJECT: PLD Enterprises 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: Rick D Farrow

Name (Printed or typed)

933 N.W. Pine Lake Drive

Address

Stuart, Fl. 34994

City, State & Zip

772-341-0629

Daytime Telephone number

rickspike2@bellsouth.net

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: PLD Enterprises Inc. Farrow & Moore Enterprise Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

933 N.W. Pine Lake Dr.

Stuart, Fl.

34994

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Manufacturers Rep Agency

Sales of Air Conditioning and Refrigeration supplies to licensed  
to HVAC Wholesalers

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rick D Farrow/President

Name and Title: Austin M. Farrow/Director

Address 933 N.W. Pine Lake drive

Address: 933 N.W. Pine Lake Dr

Stuart, Fl.

Stuart, Fl

34994

34994

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

14 DEC 29 PM 12:13  
STATE OF FLORIDA  
TALLAHASSEE

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: Austin M Farrow

Address: 933 N.W. Pine Lake Dr.

Stuart, Fl. 34994

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rick D Farrow

Address: 933 N.W. Pine Lake Dr

Stuart Fl 34994

RECEIVED  
STATE  
CLERK OF  
SALT SPRING, FLORIDA  
14 DEC 29 PM 12:13

*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

12/11/2014

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

12/11/2014

Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 16, 2014

RICK D. FARROW  
933 N.W. PINE LAKE DRIVE  
STUART, FL 34994

SUBJECT: PLD ENTERPRISES INC.  
Ref. Number: W14000074699

We have received your document for PLD ENTERPRISES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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 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.

Christine Haney  
Regulatory Specialist II  
New Filing Section

Letter Number: 614A00026548

FILED  
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TALLAHASSEE, FLORIDA  
STATE