

P15000015763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

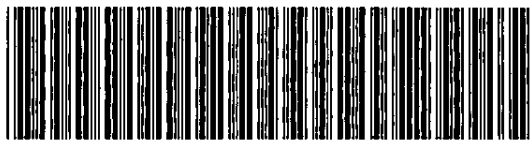
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900269331109

02/12/15--01004--020 \*\*78.75

FILED  
15 FEB 12 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J 2/17/15

**COVER LETTER**

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

**SUBJECT:** All Encompass Services 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:** Meaghan Roberts Stewart  
Name (Printed or typed)

1015 Atlantic Blvd Suite 420  
Address

Atlantic Beach FL 32233  
City, State & Zip

904 583 2307  
Daytime Telephone number

robertsmeaghan@yahoo.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB 12 PM 12:17

FILED

**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: All Encompass Services Inc.

FILED

15 FEB 12 PM 12:17

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1015 Atlantic Blvd Suite 420  
Atlantic Beach FL  
32233

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: residential and commercial  
maintenance services for both new and existing  
construction

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Meaghan Stewart - CEO Name and Title: \_\_\_\_\_

Address 1015 Atlantic Blvd Suite 420 Address: \_\_\_\_\_  
Atlantic Beach FL  
32233

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: Meaghan Stewart  
 Address: 1015 Atlantic Blvd Suite 420  
Atlantic Beach FL 32233

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Meaghan Stewart  
 Address: 1015 Atlantic Blvd Suite 420  
Atlantic Beach FL 32233

*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*

Meaghan Stewart \_\_\_\_\_ 2/9/15  
 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.*

Meaghan Stewart \_\_\_\_\_ 2/9/15  
 Required Signature/Incorporator Date

FILED  
 15 FEB 12 PM 12:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA