

P150000 26650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

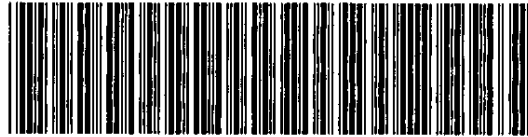
(Business Entity Name)

(Document Number)

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

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15 MAR 18 PM 12:42

MAR 20 2015

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MAR 20 2015

T. SCOTT

## COVER LETTER

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

**SUBJECT:** Wash Time Enetrprises 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:** Charles Sanders

Name (Printed or typed)

PO Box 2344

Address

Riverview, FL 33568

City, State & Zip

813-610-6253

Daytime Telephone number

sanders\_c81@yahoo.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**

The name of the corporation shall be:

**Wash Time Enterprises Inc.**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

**11200 Tucker Rd**

**Riverveiw, FL 33569**

Mailing address, if different is:

**PO Box 2344**

**Riverveiw, FL 33568**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**The business will serve as a coin operated**

**laundermat for retail trade.**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**100**

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

Name and Title: **Charles Sanders - Pres**

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

Address

**PO Box 2344**

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

**Riverview, FL 33568**

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

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

Address

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

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

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

Address

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

15 MAR 18 PM 12:42

(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: Julie Harte, CPA

Address: 9424 Balm Riverview Rd

Riverview, FL 33569

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Charles Sanders

Address: PO Box 2344

Riverview, FL 33568

*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*

Julie Harte

Required Signature/Registered Agent

03/16/2015

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.*

Charles Sanders

Required Signature/Incorporator

03/16/2015

Date