

Florida Department of State  
Division of Corporations

## Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**

All Flood Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

92105

Please file on  
the day that  
was fax 4/16/15

**APR 14 2015** Electronic Filing Menu

## Corporate Filing Menu

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re-tax  
4/13/15

**A. DUNLAP**



April 7, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: ALL RESTORATION SERVICES, INC.  
REF: W15000024058

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is, P14000099483- ALL RESTORATION SERVICE INC.

Please return 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.

Carol Mustain  
Regulatory Specialist II

FAX Aud. #: W15000084908  
Letter Number: B15A00006904

P.O. BOX 6327 - Tallahassee, Florida 32314

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415000084908

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COVER LETTER

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

SUBJECT: All Flood 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: Jackie J. Steckler.  
Name (Printed or typed)

712 SANDY POINT LANE  
Address

NORTH PALM BCH, FL 33410  
City, State & Zip

(561) 308-5488  
Daytime Telephone number

allfloodservicesinc@gmail.com  
E-mail address: (to be used for future annual report notifications)

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 Flood Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

712 Sandy Point Ln.  
North Palm Beach Fl.  
33410

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Carpet, tile, upholstery  
and Bugz Cleaning and Flood Clean-up.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jackie J. Steckler (President) Name and Title: \_\_\_\_\_

Address: 712 Sandy Point Ln. Address: \_\_\_\_\_  
North Palm Beach, Fl.  
33410

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

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

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

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

15 APR - 6 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

(cont.)

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: Jackie J. Steckler  
Address: 712 Sandy Point Lane  
NORTH PALM BEACH, FL. 33410

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Jackie J. Steckler  
Address: 712 Sandy Point Lane  
NORTH PALM BEACH, FL. 33410

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

Jackie J. Steckler  
Required Signature/Registered Agent

4/7/15  
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.

Jackie J. Steckler  
Required Signature/Incorporator

4/7/15  
Date

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