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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 27 AM 7:30

APPROVED
AND
FILED

15/11

COVER LETTER

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

SUBJECT: LEAK LOCATORS CORPORATION
(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: STEVEN GLOZIK
Name (Printed or typed)

11940 FAIRWAY LAKES DR STE 3
Address

FT MYERS FL 33913
City, State & Zip

239-209-2363
Daytime Telephone number

STEVE@FORESTORATION.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: LEAK LOCATORS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1940 FAIRWAY LAKES DR
STE 3
FORT MYERS 33913

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LOCATE LEAKS AND

MOISTURE INTRUSIONS IN RESIDENTIAL + COMMERCIAL
PROPERTIES USING INFRARED IMAGING DEVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVE GLOCK President Name and Title:

Address 13995 LITTLE CEM CIR Address:
FT MYERS FL
33913

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR 27 AM 7:30

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AND
FILED

(conti.)

15 APR 27 AM 7:36

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: STEVE GLOCK

Address: 13495 Little Gem Cir
FT Myers FL 33913

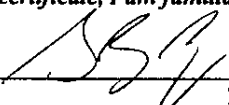
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

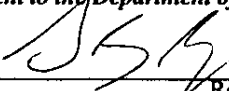
Name: STEVE GLOCK

Address: 13495 Little Gem Cir
FT Myers FL 33913

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

<u></u>	<u>4-20-15</u>
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.

<u></u>	<u>4-20-15</u>
Required Signature/Incorporator	Date