

P15000053700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

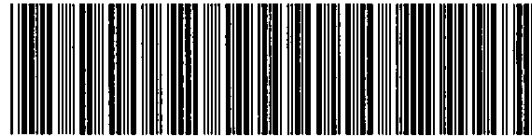
Special Instructions to Filing Officer:

Ann Simpson gave
permission to add
P as her title.

TSS

6/24/15

Office Use Only



300273481653

06/01/15--01009--010 **78.75

RECEIVED OF STATE
JUN 19 2015

2015 JUN 19 A 10: 06

FILED

JUN 24 2015

T SCHROEDER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 19 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 2, 2015

ANN SIMPSON
4 PRINCE MICHAEL LN
PALM COAST, FL 32086

SUBJECT: ASC, INC
Ref. Number: W15000038553

We have received your document for ASC, 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 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.

Terri J Schroeder
Regulatory Specialist II

Letter Number: 315A00011542

COVER LETTER

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

SUBJECT: ASC1, 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: Ann Simpson

Name (Printed or typed)

4 Prince Michael Lane

Address

Palm Coast, FL 32164

City, State & Zip

386-627-1355

Daytime Telephone number

asimpson8@cfl.rr.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: ASCI, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

4 Prince Michael Lane

Palm Coast, FL 32164

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning of new construction and maintenance of commercial flooring

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ann Simpson - P

Address 4 Prince Michael Lane

Palm Coast, FL

32164

Name and Title: N/A

Address:

Name and Title: N/A

Address

Name and Title: N/A

Address:

Name and Title: N/A

Address

Name and Title: N/A

Address:

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2016 JUN 19 A 10:07
CLERK OF STATE
TALLAHASSEE, FL 32399

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Ann Simpson
Address: 4 Prince Michael Lane
Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

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

Name: Ann Simpson
Address: 4 Prince Michael Lane
Palm Coast, FL 32164

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Ann Simpson 6-16-15
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.

Ann Simpson 6-16-15
Required Signature/Incorporator Date