## P1500061214

(Requestor's Name)				
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(Cit	y/State/Zip/Phon	e #)		
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificate	e of Statue		
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Special Instructions to	Filing Officer:			

Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 10, 2015

MICHAEL G. WILKINSON, SR. 4515 MT. PLEASANT RD. GROVELAND, FL 34736

SUBJECT: WILKINSON SERVICES INC.,

Ref. Number: W15000046448

We have received your document for WILKINSON SERVICES INC., and your check(s) totaling \$87.50. 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.

The document number of the name conflict is L13000067672 (WILKINSON SERVICES, LLC).

Please return the corrected original and one copy of 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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 615A00014430

## **COVER LETTER**

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

SUBJECT:	Ilkinso	n Industrial Laundry Services Inc., (PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	JDE SUFFIX)		
Enclosed are an	origi	nal and one (1) copy of the ar				
□ \$70. Filing F		□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status		
FROM	Micl	nael Glenn Wilkinson Sr.	<u> </u>			
			e (Printed or typed)			
	4515	4515 Mt. Pleasant Rd.  Address				
	Grov	eland, FL 34736				
	252 (	City. 540-8569	, State & Zip			
	332-3		Celephone number	<del> </del>		
	glewi	lk@yahoo.com	,			
		E-mail address: (to be use	d for future annual report r	otification)		

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)

The name of the corpora	Wilkinson Industrial Laundr	y Services Inc.,		
ARTICLE II PRINC 4515 Mt. Pleasant Rd.	<u>CIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if diff	Mailing address, if different is:	
Groveland, FL 34736				
ARTICLE III BURDA	OSE Industrial he corporation is organized is:	Laundry Equipment Services		
			15 JUL	
ARTICLE IV SHARI The number of shares of	ES 1000 stock is:		22 AM 10: Ou	
	LOFFICERS AND/OR DIRECTORS  Michael Wilkinson Sr. /President	Name and Title:		
Address	4515 Mt. Pleasant Rd.			
	Groveland, FL 34736			
Name and Title:	Michael Wilkinson II / VP	Name and Title:		
Address	4515 Mt. Pleasant Rd.	Address:		
	Groveland, FL 34736	<del></del>		
Name and Title:	Michael Wilkinson Sr. / Secretary	Name and Title:		
Address	4515 Mt. Pleasant Rd.	Address:		
	Groveland, FL 34736			

Name a	and Title:	Name and Title:	
Addre	ess	Address:	<del></del>
			<del></del>
	REGISTERED AGENT	HA Charles I and a	
Name:	Florida street address (P.O. Box NOT accepta Michael Glenn Wilkinson Sr.	ible) of the registered agent is:	
Address:	4515 Mt. Pleasant Rd.		
	Groveland, FL 34736		,
ARTICLE VII	INCORPORATOR		SECRE DIVISION
	address of the Incorporator is:		10F C
Name:	Michael Glenn Wilkinson Sr.		~~; ;~;
Address:	4515 Mt. Pleasant Rd.		YOF STATE TORPORATE: AM 10: OL
1 1001 055	Groveland, FL 34736	<del></del>	<u> </u>
Effective date, i (If an effective days after the	filing.)	. (OPTIONAL)  cannot be more than five business days prior or 9	
the document's	effective date on the Department of State's rec	icable statutory filing requirements, this date will no cords.	t be listed as
Having been no this certificate,	amed as registered agent to accept service of p I am familiar with and accept the appointment	rocess for the above stated corporation at the place as registered agent and agree to act in this capacity	designated in
much!	the undS	6/20/2015	
	Required Signature/Registered Age	nt Dat	te
I submit this do	ocument and affirm that the facts stated here e Department of State constitutes a third degre	in are true. I am aware that the false information see felony as provided for in s.817.155, F.S.	submitted in a
m. 11	It wh I.	6/20/2015	
Required Signature/Incorporator			ate