

P150000083566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

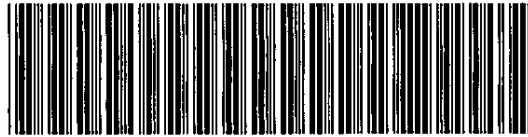
(Business Entity Name)

(Document Number)

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

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10/05/15--01043--008 \*\*70.00

15 OCT -5 AM 7:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

**SUBJECT:** Grime To Shine, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Terrance Ward  
\_\_\_\_\_  
Name (Printed or typed)

3101 NW 47th Terrace, Unit 135  
\_\_\_\_\_  
Address

Lauderdale Lakes, FL 33319  
\_\_\_\_\_  
City, State & Zip

954-278-2428  
\_\_\_\_\_  
Daytime Telephone number

eaindustries62@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

APPROVED  
AND  
FILED

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

15 OCT -5 AM 7:54

**ARTICLE I NAME**

The name of the corporation shall be: Grime To Shine, Inc

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3101 NW 47th Terrace

Unit 135

Lauderdale Lakes, FL 33319

Mailing address, if different is:

PO Box 350303

Ft Lauderdale, FL 33335

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Offer mobile detailing services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Terrance Ward, President

Address: PO Box 350303

Ft Lauderdale, FL 33335

Name and Title: Rodney Young, Vice President

Address: PO Box 350303

Ft Lauderdale, FL 33335

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

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

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

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

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

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

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

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

APPROVED  
AND  
FILED

15 OCT -5 AM 7:54

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: Terrance Ward

Address: 3101 NW 47th Terrace, Unit 135

Lauderdale Lakes, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Terrance Ward

Address: PO Box 350303

Ft Lauderdale, FL 33335

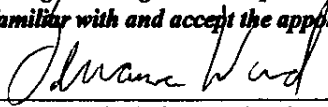
**ARTICLE VIII EFFECTIVE DATE:**

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*



Required Signature/Registered Agent

10/01/2015

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.*



Required Signature/Incorporator

10/01/2015

Date