

P/5000/0/345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

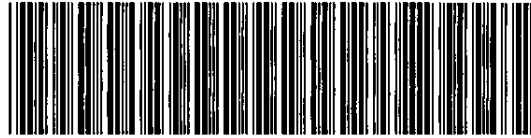
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 DEC 15 AM 11:33

EFFECTIVE DATE 01/01/16

12/28/15

COVER LETTER

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

SUBJECT: Mr Detail 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FLORIDA DEPARTMENT
OF STATE

FROM: Drew J Anderson

Name (Printed or typed)

1430 Pinyon Pine Dr

Address

Sarasota, FL 34240

City, State & Zip

(941) 232-4829

Daytime Telephone number

mrdetail57@gmail.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: Mr Detail Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
1430 Pinyon Pine Dr
Sarasota, FL 34240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Detail cleaning and pressure cleaning of vehicles, boats and structures.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Drew J Anderson (P)-(T) Name and Title:

Address 1430 Pinyon Pine Dr Address:
Sarasota, FL 34240

Name and Title: Marilee O. Anderson (S) Name and Title:

Address 1430 Pinyon Pine Dr Address:
Sarasota, FL 34240

Name and Title: Name and Title:

Address Address:

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DIVISION OF CORPORATIONS
19 DEC 15 AM 11:33

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: Drew J Anderson _____

Address: 1430 Pinyon Pine Dr _____

Sarasota, FL 34240 _____

ARTICLE VII INCORPORATOR

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

Name: Drew J Anderson _____

Address: 1430 Pinyon Pine Dr _____

Sarasota, FL 34240 _____

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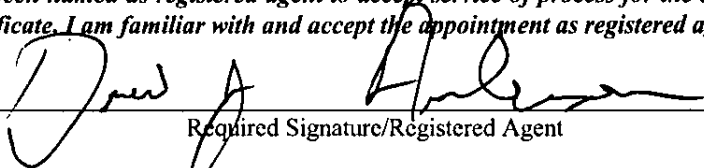
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2016 (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.)

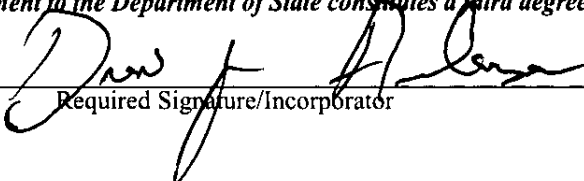
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12/7/15
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.


Required Signature/Incorporator

12/7/15
Date