

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARIAN STATE
TATE AND ASSESSED FOR BASE

COVER LETTER

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

SUBJECT: Cody's	Reliable Grease Trap Service Incorp-	orated	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	rinal and one (1) copy of the art	icles of incorporation and	d 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 REQU	
FROM:		e (Printed or typed)	
——————————————————————————————————————	0 90Av.N	Address	
Pin	ellas Park Florida 33782	ruuless	
	City,	State & Zip	
727	/6867401		
_	Daytime T	elephone number	
cod	ysreliable@yahoo.com		
	E-mail address: (to be use	d 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)

ICLE II PRI	NCIPAL OFFICE Principal street address	Mailing:	address, if different is:	
660 90Ave. N inellas Park, Fl. 33782			P. O. Box 357 Pinellas Park, Fl 33780	
		_		
		Pinellas Park , Fl		
PUR purpose for which	POSE the corporation is organized is:	and all lawful business		
	·			
 				
TCLE IV SHA	IRES 100 shares of stock is:			
TICLE IV SHA number of shares TICLE V INIT	of stock is: FIAL OFFICERS AND/OR DIRECTO Cody I Stickler President	ORS Name and Title:		
number of shares	of stock is: FIAL OFFICERS AND/OR DIRECTO Cody I Stickler President			
number of shares TICLE V INIT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President	Name and Title:		
number of shares TICLE V INIT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President 6660 90AvN	Name and Title:		
number of shares TICLE V INIT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President 6660 90AvN	Name and Title:Address:	ACC DEC	
number of shares TICLE V INIT Name and T	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President 6660 90AvN Pinellas Park, Fl.33782	Name and Title:	AC 000 PA	
number of shares FICLE V INT Name and T Address	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President 6660 90AvN Pinellas Park, Fl.33782	Name and Title: Address: Name and Title:		
number of shares FICLE V INT Name and T Address Name and Ti	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President 6660 90AvN Pinellas Park, Fl.33782	Name and Title: Address: Name and Title:		
number of shares FICLE V INT Name and T Address Name and Ti	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President 6660 90AvN Pinellas Park, Fl.33782	Name and Title: Address: Name and Title:	ACC 2	
Name and Ti Address Name and Ti Address	of stock is: FIAL OFFICERS AND/OR DIRECTO itle: Cody J. Stickler President 6660 90AvN Pinellas Park, Fl.33782	Name and Title: Address: Name and Title: Address:	TALLARAS TESTAGE	

Name ar	nd Title:	Name and Title:
Addres	S	Address:
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	*the engistered execution
Name:	Cody J Stickler	the registered agent is.
Address:	11081 60th. St.	
Addicss.	Pinellas Park, Fl 33782	•
		•
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	
Name:	Cody J Stickler	
Address:	11081 60StN	
	Pinellas Park, Fl 33782	
Effective date, if	•	. (OPTIONAL) t be more than five business days prior or 90 business
	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	als . Ilites	12/18/2014
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
nd	In Ithur	12/18/20115
Requ	ed Signature/Incorporator	Date

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