

P160000013285

(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:

Office Use Only



400280262644

12/23/15--01002--016 **210.00

RECEIVED
FEB 10 2016
ADAMS COUNTY

16 FEB - 1 PM 3:52

FILED

2/10/16

COVER LETTER

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

SUBJECT: Florida Blower, 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: Kenn Pfrengle

Name (Printed or typed)

3884 Tampa Rd.

Address

Oldsmar, Fl. 34677

City, State & Zip

813 855 0210

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

FILED
16 FEB - 1 PM 3:52
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 12, 2016

KENN PFRENGLE
3884 TAMPA ROAD
OLDSMAR, FL 34677

SUBJECT: FLORIDA BLOWER, INC.
Ref. Number: W16000001831

We have received your document for FLORIDA BLOWER, INC. and your check(s) totaling \$210.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

You cannot sign the document before the actual date.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 616A00000767

FILED
16 FEB - 1 PM 3:52
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

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

FILED

16 FEB -1 PM 3:52

ARTICLE I NAME

The name of the corporation shall be: Florida Blower, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3884 Tampa Rd,

Oldsmar, Fl. 34677

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
for the purpose of owning , managing and/or leasing real and personal property, and for all other lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kenneth Pfengle, ~~worker~~ VP *Bokemcy* Name and Title: _____

Address 3884 Tampa Rd. Address: _____
Oldsmar, Fl. 34677

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Kenn Pfrenge

Address: 3884 Tampa Rd.

Oldsmar, Fl 34677

FILED
16 FEB - 1 PM 3:52
DEPT. OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Kenn Pfrenge

Address: 3884 Tampa Rd.

Oldsmar, Fl 34677Oc

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 *[Signature]* 1/28/16 1 15 2016 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 *[Signature]* 1/28/16 1 15 2016 Date