

P16000014482

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FILED  
16 FEB - 1 PM 1:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Guffigan FEB 15 2016

## COVER LETTER

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

**SUBJECT:** AMERICAN SATISFACTION OF CLEARWATER, 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**

**FROM:** ESCOTT, DARREN

Name (Printed or typed)

1811 NURSERY RD.

Address

CLEARWATER FL 33764

City, State & Zip

727-420-5966

Daytime Telephone number

DMESCOTT@TAMPABAY.RR.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)

FILED

**ARTICLE I NAME**

The name of the corporation shall be: AMERICAN SATISFACTION OF CLEARWATER, INC. **16 FEB -1 PM 1:42**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
Mailing address, if different is:

1811 NURSERY RD.

CLEARWATER FL 33764

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

The corporation is organized for The purpose of engaging in any activities or business permitted under the laws of the United *STATES*

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DARREN ESCOTT Name and Title: \_\_\_\_\_

Address 1811 NURSERY RD. Address: \_\_\_\_\_

CLEARWATER FL 33764 \_\_\_\_\_

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: DARREN ESCOTT  
Address: 1811 NURSERY RD.  
CLEARWATER FL 33764

**ARTICLE VII INCORPORATOR**

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

Name: DARREN ESCOTT  
Address: 1811 NURSERY RD.  
CLEARWATER FL 33764

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/01/2106 (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

1/28/16  
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

1/28/16  
Date