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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(
(Do	cument Number))		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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EFFECTIVE DATE 03/01/16

1 02/22/16

COVER LETTER

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

SUBJECT: Klea	in Vision Pressure Washing Inc.		
Sobler	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation and	d a check for:
☐ \$70.00 Filing Fed		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL COPY REQUIRED	
FROM:	Henry Johnson Nam 16205 Leta Trace Court	e (Printed or typed)	
<u></u>		Address	<u></u>
	Tampa, Florida 33624		
-	City	, State & Zip	
;	813-964-8396		
-	Daytime 1	Telephone number	
1	nenry.johnson42@verizon.net		
_	E-mail address: (to be use	ed 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)

The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address 16205 Leta Trace Court		Mailing address	s, if different is:
Tampa, Florida 33624			
	he corporation is organized is:	duct any and all lawful business for what limited to pressure washing, window	
	xercise all the rights and powers confe	erred on for profit corporations under the	ne laws of the State of
Florida.			
			1 5
			<u></u>
ARTICLE IV SHARI The number of shares of	ES 1 stock is:		PR 1: DS
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTOR	<u>s</u>	
Name and Title		Name and Title:	
Address	16205 Leta Trace Court	Address:	
	Tampa, Florida 33624		
Name and Title:	Amy Johnson; Vice President	Name and Title:	
Address	16205 Leta Trace Court		
Address	Tampa, Florida 33624	Address.	
			
Name and Title:		Name and Title:	
Address		Address:	
			

Name an	d Title:	Name and Title:	
Address	<u> </u>	Address:	
	REGISTERED AGENT orida street address (P.O. Box NOT accep	stable) of the registered agent is:	
Name:	Henry Johnson		
Address:	16205 Leta Trace Court		
	Tampa, Florida 33624		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Henry Johnson		五 2 3 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Address:	16205 Leta Trace Court		#
	Tampa, Florida 33624		
Effective date, if	EFFECTIVE DATE: other than the date of filing: March 1, 2010 ate is listed, the date must be specific an ing.)	(OPTIONAL)	ys prior or 90 business
	inserted in this block does not meet the ap Tective date on the Department of State's r		date will not be listed as
	ned as registered agent to accept service of up familiar with and accept the appointme		
Hamil	May han -		2-2-16
C. Jung	Required Signature/Registered Ag	ent	Date
I submit this doc	ument and affirm that the facts stated her Department of State constitutes a third degi	ein are true. I am aware that the false in	nformation submitted in a
Howy		ou joiony wa province jut in SOL (110), 1 10	2-2-16
Requi	red Signature/Incorporator		Date