

P16000018686

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

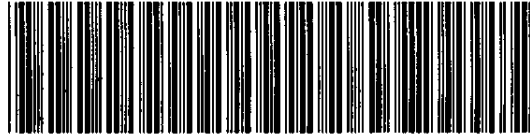
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TALLAHASSEE, FLORIDA

03-04-16

COVER LETTER

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

SUBJECT: PYP MOBILE DETAILING 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: AARON THOMPSON
Name (Printed or typed)

717 CHARLOTTE ST
Address

PUNTA GORDA FL 33950
City, State & Zip

941 286-6781
Daytime Telephone number

AIDEN101708@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: PYP MOBILE DETAILING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

717 CHARLOTTE ST

PUNTA GORDA FL 33950

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICE BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AARON THOMPSON OWNER Name and Title: _____

Address: 717 CHARLOTTE ST Address: _____

Punta Gorda FL 33950

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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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: AARON THOMPSON
Address: 717 CHARLOTTE ST
PUNTA GORDA FL 33950

ARTICLE VII INCORPORATOR

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

Name: AARON THOMPSON
Address: 717 CHARLOTTE ST
PUNTA GORDA FL 33950

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TALLAHASSEE, FLORIDA

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

AARON THOMPSON
Required Signature/Registered Agent

02-16-16
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.

AARON THOMPSON
Required Signature/Incorporator

02-16-16
Date