

P/6 000033215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

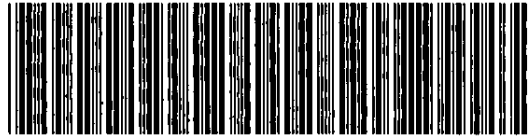
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/11/16--01043--001 **70.00

16 APR 11 PM 2:33

EFFECTIVE DATE 04/14/16

04/14/16

COVER LETTER

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

SUBJECT: Wash Club Tampa Co

(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: Ryan Foster

Name (Printed or typed)

1029 South Frankland Road

Address

Tampa Florida 33629

City, State & Zip

813-810-7329

Daytime Telephone number

rfoster12@verizon.net

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: Wash Club Tampa Co

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1029 South Frankland Road

PO Box 320875

Tampa FL 33629

Tampa FL 33679

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Laundry Service

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan Foster -President

Name and Title: _____

Address 1029 South Frankland Road

Address: _____

Tampa FL 33629

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
CLERK OF DISTRICT COURT
JAN 11 PM 2:33
TAMPA FL 33602

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: Ryan Foster
Address: 1029 South Frankland Road
Tampa FL 33629

ARTICLE VII INCORPORATOR

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

Name: Ryan Foster
Address: 1029 South Frankland Road
Tampa FL 33629

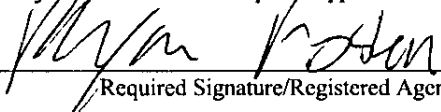
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/11/2016. (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

4/7/16
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

4/7/16
Date

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DEPT. OF STATE
16 APR 11 PM 2:33