

P16000036556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

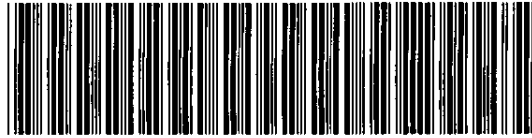
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Certificates of Status ☒

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DEPARTMENT OF STATE
16 APR 26 PM 12:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

16 APR 26 PM 12:32

APPROVED
AND
FILED

I am the owner of Super Clean Automotive
I have no plans ~~or~~ intention to
revoke the dissolution or the said
corporation L.L.C.

William Henry
William R. Henry.

COVER LETTER

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

SUBJECT:

Super Clean Automotive Services 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:

Name (Printed) or typed

1109 W. Thayer St. Unit A
Address

Tallahassee FL 32303
City, State & Zip

850 339 8639
Daytime Telephone number

Superclean1010.wg@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: Super Clean Automotive Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1109 W. Tharpe St unit A
Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Detailing cars, mobile detailing
cleaning services car wash complete detailing
off all vehicles & Carpet cleaning

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Glenn Omer CEO Name and Title: _____

Address: 1326 Colorado St Address: _____
Tallahassee FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

16 APR 26 PM 2:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
AND
FILED

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: William Glenn
Address: 1326 Colorado St
Tallahassee Fl. 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Glenn
Address: 1326 Colorado St
Tallahassee Fl. 32304

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

[Signature] Required Signature/Registered Agent 4/26/16 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.

[Signature] Required Signature/Incorporator 4/26/16 Date