

P16000036902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

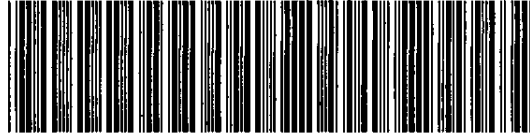
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600283267386

03/14/16--01036--002 \*\*87.50

16 APR 26 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Gulligan APR 27 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 22, 2016

CHASITY BARRY  
18515 92ND LN N  
LOXAHATCHEE, FL 33470

SUBJECT: NEW LOOK PRESSURE CLEANING  
Ref. Number: W16000021356

We have received your document for NEW LOOK PRESSURE CLEANING and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 916A00005858

*Updated  
- See following  
Paper work.*

RECEIVED  
16 APR 26 AM 8:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** New Look Pressure Cleaning 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:** Chastity Barry  
\_\_\_\_\_  
Name (Printed or typed)  
  
18515 92nd Ln N  
\_\_\_\_\_  
Address  
  
Loxahatchee, FL 33470  
\_\_\_\_\_  
City, State & Zip  
  
561-876-5814  
\_\_\_\_\_  
Daytime Telephone number  
  
newlookpressurecleaninginc@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: New Look Pressure Cleaning Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

18515 92nd Ln N

18515 92nd Ln N

Loxahatchee, Fl 33470

Loxahatchee, Fl 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Pressure Cleaning

**ARTICLE IV SHARES**

The number of shares of stock is: 10

16 APR 26 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Name and Title: Chastity Barry, President/Owner

Name and Title: Gianna Duyos, Treasurer

Address 18515 92nd Ln N

Address: 18515 92nd Ln N

Loxahatchee, Fl 33470

Loxahatchee, Fl 33470

Name and Title: Anthony Duyos, Secretary

Name and Title: \_\_\_\_\_

Address 18515 92nd Ln N

Address: \_\_\_\_\_

Loxahatchee, Fl 33470

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: Chastity Barry

Address: 18515 92nd Ln N

Loxahatchee, Fl 33470

**ARTICLE VII INCORPORATOR**

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

Name: Chastity Barry

Address: 18515 92nd Ln N

Loxahatchee, Fl 33470

16 APR 26 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/07/2016 (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

03/07/2016

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

03/07/2016

Date