

P16000058122

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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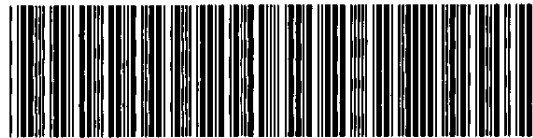
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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7

COVER LETTER

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


SUBJECT: Tropical Power Wash, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

 \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Garet R Frank

Name (Printed or typed)

1641 Island Way

Address

Weston, FL 33326

City, State & Zip

954-557-0857

Daytime Telephone number

info(@)tropicalpowerwash.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



TROPICAL POWER WASH

No Pressure - Just Results!

1641 Island Way Weston, Florida 33326
954-557-0857

June 20, 2016

To whom it may concern:

I am filing Articles of Dissolution and will no longer be using the name Tropical Power Wash, Inc effective June 30, 2016. I look forward to retirement. Please release this company name to Garett R Frank. He will start a new company effective July 01, 2016. If you have any questions please don't hesitate to ask.
Sincerely,

Robert F Frank
President / Director

Tropical Power Wash, Inc.
1641 Island Way
Weston, FL 33326
954-557-0857

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: Tropical Power Wash, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1641 Island Way

Weston, FL 33326

ARTICLE III PURPOSE

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

16 JUL - 1 PM 4:50
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Garet R Frank President / Director

Name and Title: _____

Address 1641 Island Way

Address: _____

Weston, FL 33326

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Garet R Frank
Address: 1641 Island Way
Weston, FL 33326

FILED
16 JUL -1 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Garet R Frank
Address: 1641 Island Way
Weston, FL 33326

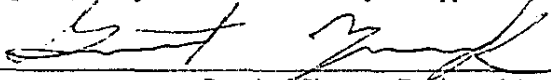
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/01/2016. (OPTIONAL)

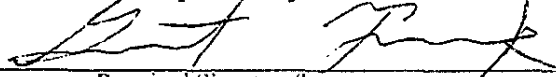
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 06/27/2016
Required Signature/Registered Agent 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.

 06/27/2016
Required Signature/Incorporator Date