

PI6000073156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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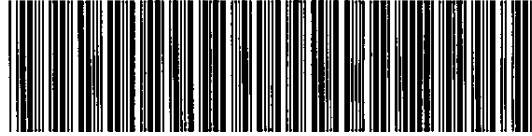
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/30/16--01016--028 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 AUG 30 AM 11:39

09/08/16

COVER LETTER

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

SUBJECT: AAA POWER WASHING, 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: AAA POWER WASHING, INC

Name (Printed or typed)

544 SHERRY AVE

Address

LAKE HELEN, FL 32744

City, State & Zip

386-747-1632

Daytime Telephone number

aaapowerwash0@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: AAA POWER WASHING, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

544 SHERRY AVE

LAKE HELEN, FL 32744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO POWER WASH BUILDINGS, POOL ENCLOSURES,
THE GROUND, ROOFS, SCREENS. WE WASH ANYTHING THAT NEEDS TO BE CLEAN.

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: AMANDA K CARROLL

Name and Title: PRESIDENT

Address 544 SHERRY AVE

Address: _____

LAKE HELEN, FL 32744

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: KAREN MINAHAN
Address: 1819 COURTLAND BLVD
DELTONA, FL 32738

ARTICLE VII INCORPORATOR

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

Name: AMANDA K CARROLL
Address: 544 SHERRY AVE
LAKE HELEN, FL 32738

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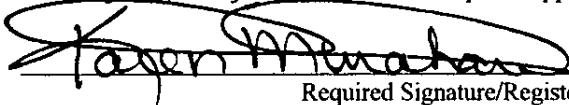
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08-11-16 (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

08-11-16
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

8-11-16
Date