

P16000074726

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

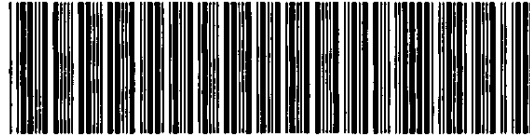
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600289099626

09/01/16--01003--022 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 SEP -1 AM 10:02

## COVER LETTER

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

**SUBJECT:** And 1 Facility Maintenance Corp.

(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: Jeffrey A. Scott  
Name (Printed or typed)  
11012 Saginaw Dr.  
Address  
Temple Terrace, Florida, 33617  
City, State & Zip  
813-382-1181  
Daytime Telephone number  
Jscott1218@aol.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

And I Facility Maintenance Corp.

The name of the corporation shall be: \_\_\_\_\_

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11012 Saginaw Dr.

Temple Terrace Fl. 33617

### ARTICLE III PURPOSE

Facility Maintenance

The purpose for which the corporation is organized is: \_\_\_\_\_

### ARTICLE IV SHARES

100

The number of shares of stock is: \_\_\_\_\_

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey A. Scott, Pres.

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

Address 11012 Saginaw Dr.

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

Temple Terrace, Fl. 33617

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

2016 SEP -1 AM 10:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Jeffrey A. Scott  
Address: 11012 Saginaw Dr.  
Temple Terrace Fl. 33617

2016 OCT -1 AM 9:51  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Jeffrey A. Scott  
Address: 11012 Saginaw Dr.  
Temple Terrace Fl. 33617

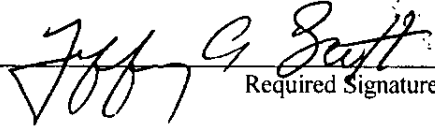
**ARTICLE VIII EFFECTIVE DATE:**

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*

 Required Signature/Registered Agent 8.28.16  
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 8.28.16  
Date