

P16000089264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

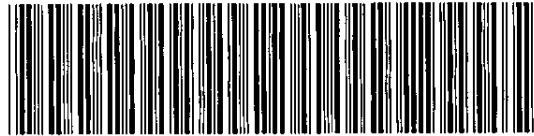
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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EFFECTIVE DATE 11/01/16

11/08/16

**COVER LETTER**

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

**SUBJECT:** Legacy Pressure 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:** Vatsana Nirandone

\_\_\_\_\_  
Name (Printed or typed)

4420 NW 109th Terrace

\_\_\_\_\_  
Address

Coral Springs, Florida 33065

\_\_\_\_\_  
City, State & Zip

1-401-441-0177

\_\_\_\_\_  
Daytime Telephone number

vatsanamorales@yahoo.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: Legacy Pressure Washing, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address Mailing address, if different is:  
Same  
4420 NW 109th Terrace  
Coral Springs, Florida 33065

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: To establish a professional and high quality pressure washing business that serves both commercial and residential clients.

**ARTICLE IV SHARES** 100  
The number of shares of stock is:

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

Name and Title:	Vatsana Nirandone President	Name and Title:	
Address	4420 NW 109th Terrace	Address:	
	Coral Springs		
	Florida 33065		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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2018 NOV -3 PM 2:15

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: Vatsana Nirandone  
Address: 4420 NW 109th Terrace  
Coral Springs, Florida 33065

**ARTICLE VII INCORPORATOR**

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

Name: Vatsana Nirandone  
Address: 4420 NW 109th Terrace  
Coral Springs, Florida 33065

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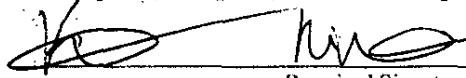
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: November 1, 2016 (OPTIONAL)

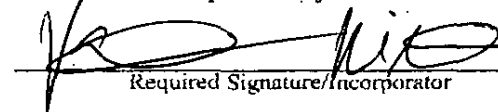
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**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*

 \_\_\_\_\_ November 1 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.*

 \_\_\_\_\_ 11-1-2016  
Required Signature/Incorporator Date