

P17000004048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

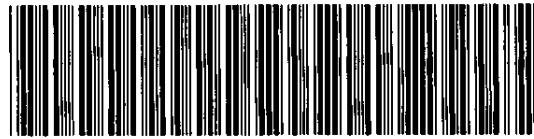
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Parks General Services
(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: Larry Parks
Name (Printed or typed)

2034 Harold Ct
Address

Tallahassee, FL 32304
City, State & Zip

850-320-1514
Daytime Telephone number

florida general services@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: Packs General Services INC

ARTICLE II PRINCIPAL OFFICE

Principal street address Mailing address, if different is:
2034 Harold Ct.
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This is a cell phone and computer repair store and the other division performs grounds work as yard maintenance

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Larry Parks Name and Title: Chief financial officer
Address: 2034 Harold Ct. Address: ~~2034 Harold Ct.~~
Tallahassee, FL 32304

Name and Title: Serinity Jackson Name and Title: President
Address: 2034 Harold Ct. Address:
Tallahassee, FL

Name and Title: Name and Title:
Address: Address:

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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: Serinity Jackson

Address: 2034 Harold Ct.

Tallahassee, FL

ARTICLE VII INCORPORATOR

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

Name: Harry Parks

Address: 2034 Harold Ct.

Tallahassee, FL

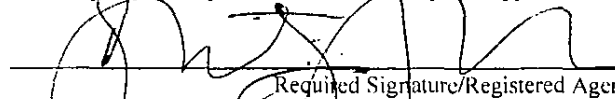
ARTICLE VIII EFFECTIVE DATE:

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

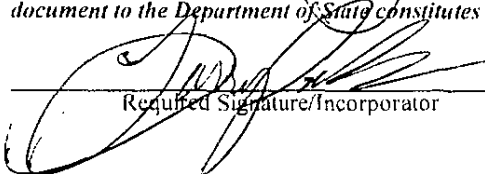


Required Signature/Registered Agent

1/17/17

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

1/17/17

Date