

P18000037374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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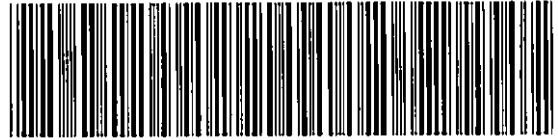
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 APR 25 PM 5:10

APR 25 2018 11:05 AM

FILED

2018 APR 25 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. SCHROEDER
4.25.18

COVER LETTER

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

SUBJECT: In & Out Lawn + ~~was~~ Presswash Service 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: Jeffery Williams
Name (Printed or typed)

2695 Oaklane Drive
Address

Tallahassee, FL 32308
City, State & Zip

(850) 880 - 7160
Daytime Telephone number

jeffw81.jew@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: In + Out Lawn, Pressurewash Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

~~2695 Oaklane Dr.~~

2695 Oaklane Drive

Tallahassee, FL 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: In + Out Lawn and Pressurewash Service Inc.

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TALLAHASSEE, FL 32309

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffery Williams P Name and Title: _____

Address 2695 Oaklane Drive Address: _____

Tallahassee, FL 32308

Name and Title: Jonathan Ross T Name and Title: Jonathan Ross

Address M.R. King JR Blvd Apt 4 Address: Tr

Tallahassee, FL 32311

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: Jeffery Williams
Address: 2695 Oaklane Drive
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffery Williams
Address: 2695 Oaklane Drive
Tallahassee, FL 32308

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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 days prior or 90 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

[Signature]
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.

[Signature] Inc.
Required Signature/Incorporator

4/25/18
Date