

P180000048702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

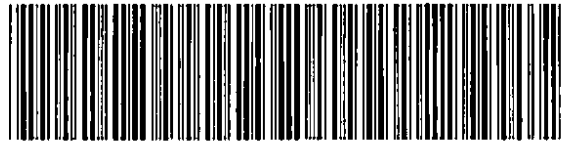
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status X

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Office Use Only



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05/31/18--01001--001 \*\*70.00

05/31/18--01001--002 \*\*8.75

FILED

2018 MAY 30 PM 7:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
18 MAY 30 PM 3:13

K. PAGE

MAY 30 2018

## COVER LETTER

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

SUBJECT: Big Run Creek Laundry, 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: MARLAINE RAYMOND  
Name (Printed or typed)

4154 Lafayette ST, Ste E  
Address

WIRIA IVIP, FL 32446  
City, State & Zip

850 552-7983  
Daytime Telephone number

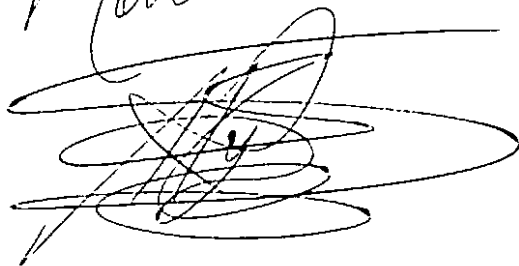
msheema@aol.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

May 30, 2018

I, Marlaime Raymond, want to  
dissolve & I don't want to re-instate  
Big Run Car Laundry, Inc. name.

Thank you.

Marlaime Raymond  


**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: Big Red Creek Laundry, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
4154 Lafayette ST - Ste E  
Marianna, FL 32446

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To serve the community.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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TALLAHASSEE, FLORIDA

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

Name and Title: MARLAINE RAYMOND, President Name and Title: \_\_\_\_\_

Address: 4154 Lafayette ST, Ste E Address: \_\_\_\_\_  
Marianna, FL 32446

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: MARLAINE RAYMOND

Address: 4154 Lafayette ST Ste 2  
Mission, FL 32446

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARLAINE RAYMOND

Address: 4154 Lafayette ST Ste 2  
Mission, FL 32446

**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

MARLAINE RAYMOND  
Required Signature/Registered Agent

5/30/18  
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]  
Required Signature/Incorporator

5/30/18  
Date