P18000101750

(F	Requestor's Name)
	Address)
(Ā	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(E	Business Entity Name)
(0	Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
,	
	Office Use Only

DEC 19 - 13



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08/29/18--01018--023 **78.75

2918 DEC 17 PH12: §



October 26, 2018

CHRISTOPHER PHELPS 214 MURRAY COURT JUPITER, FL 33458

SUBJECT: PHELPS ADJUSTING Ref. Number: W18000078664

We have received your document for PHELPS ADJUSTING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list at least one incorporator with a complete business street address.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

DO DOM 0005 M 11 1 1 1 0001

Letter Number: 818A00018081

COVER LETTER

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

SUBJECT:		justing In	
	(PROPOSED CORPORA)	TË NAME – <u>MUST INCL</u> I	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PY REQUIRED
FROM:	Christoph Name	er Phelps (Printed or typed)	
	214 Mur	ray Court	
	Jupiter F City.	L 331	158_
	561 - 67 Daytime To	6 - 0486	
	phlerpsy	/ Cyahoo.	-cm
	E-mail address: (to be used	i for future annual report i	нописацоп)

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	on shall be: Phe	elps Adjustin	19 Inc.
- 214 Murc	rincipal street address	13	ng address, if different is: Journe Circle , NC 27513
	SE corporation is organized is:	1	Services to
ARTICLE V INITIAL Name and Title: Address	Stock is: 10,000 OFFICERS AND/OR DIRECTO Chris Phelps - Presid BILL Murray Court Jupiter FL 334	Name and Title:	
		Address:	2318 EEC 17 11
Name and Title:_ Address			

	•		
		the second	
Name and Tit	le:	Name and	Title:
Address		Address:	
ARTICLE VI - REG	ISTERED AGENT		
The name and Florid	a street address (P.O. Box N	OT acceptable) of the registere	ed agent is:
Name:	Kathlene Va	<u>.+ ty</u>	
Address:	214 Murray (ourt	
_	Sypiter FL	33458	
<u>ARTICLE VII INC</u>	<u>ORPORATOR</u>		
The name and addre	ss of the Incorporator is:	Olyales	
Name:	Christopher	PREID	
Address:	214 Murra	y court	
ARTICLE VIII EF	FECTIVE DATE: rr than the date of filing:		(OPTIONAL) han five days prior or 90 days after the
(If an effective date filing.)	is listed, the date must be s	pecific and cannot be more t	han five days prior or 90 days after the
	erted in this block does not n	neet the applicable statutory fil	ing requirements, this date will not be listed
	live date on the Department of	of State's records.	
the document's effect	as registered agent to accep-	service of process for the abo	ove stated corporation at the place designate
Hasina kan namad		appointment as registered agei	nt and agree to act in this capacity
Having been named	familiar with and accept the		plantie
Hasina kan namad	familiar with and accept the		- olzalio
Having been named this certificate, I am	familiar with and accept the Alm Color Required Signature/Re	exstered Agent	Date
Having been named this certificate, I am for the submit this docum	Required Signature/Re	exstered Agent	aware that the false information submitted ed for in s.817.155, F.S.