

P19000023519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

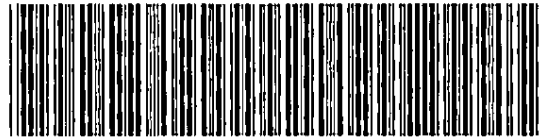
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COVER LETTER

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

SUBJECT: ESSENTIAL HOME DETOX, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

Please mail certified
copy of Filing to: ↓

FROM: Castle Corporate Services, Inc.

Name (Printed or typed)

1823 Stampede Avenue, Suite A

Address

Cody, WY 82414

City, State & Zip

541-317-2007

Daytime Telephone number

castlecorporateservicesinc@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: ESSENTIAL HOME DETOX, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5647 North 110th Street

Royal Palm Beach, FL 33411

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful purpose or activity as provided for under the laws of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maele Hargett, President

Name and Title: Maele Hargett, Secretary

Address: 5647 North 110th Street
Royal Palm Beach, FL 33411

Address: 5647 North 110th Street
Royal Palm Beach, FL 33411

Name and Title: Maele Hargett, Treasurer

Name and Title: Maele Hargett, Director

Address: 5647 North 110th Street
Royal Palm Beach, FL 33411

Address: 5647 North 110th Street
Royal Palm Beach, FL 33411

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FL

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 _____ Pacific Registered Agents, Inc.
Address _____ 5647 North 110th Street
_____ Royal Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name _____ Maele Hargett
Address _____ 5647 North 110th Street
_____ Royal Palm Beach, FL 33411

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.

Required Signature/Registered Agent
Date 02/16/2019

Charles F. Mathias, President, Pacific Registered Agents, Inc.

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
Date 2/22/19