

P1900005263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

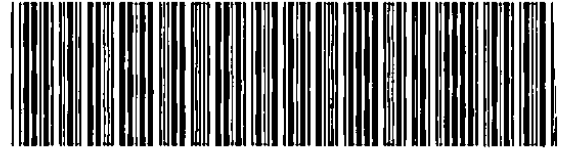
(Document Number)

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06/24/19--01024--022 **70

FILED

2019 JUN 24 AM 9:00
CLERK

COVER LETTER

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

SUBJECT: ANACONDA SEWER & DRAIN CLEANING CORP.
(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

FROM: HAROLD S. ESKIN, P.A.
Name (Printed or typed)

1420 SE 47TH STREET
Address

CAPE CORAL, FL 33904
City, State & Zip

239-549-5551
Daytime Telephone number

jessjensen05@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: ANACONDA SEWER & DRAIN CLEANING, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2514 SW 52nd ST.

CAPE CORAL, FL 33914

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JESSICA FREEMAN, Pres/Treas/Dir.

Name and Title: SEAN JENSEN, VP/Sec

Address: 2514 SW 52nd St.

Address: 2514 SW 52nd St.

Cape Coral, FL 33914

Cape Coral, FL 33914

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: HAROLD S. ESKIN, P.A.
Address: 1420 SE 47TH ST.
CAPE CORAL, FL 33904

ARTICLE VII INCORPORATOR

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

Name: Jessica Freeman
Address: 2514 SW 52ND ST.
CAPE CORAL, FL 33914

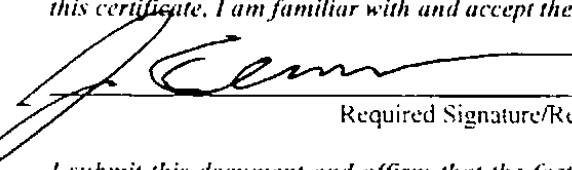
ARTICLE VIII EFFECTIVE DATE:

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.)

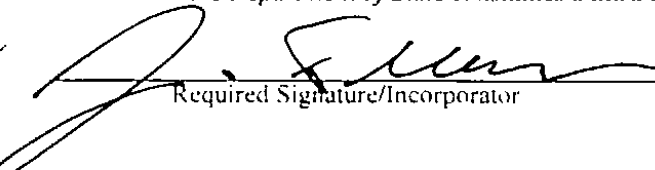
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed the document's effective date on the Department of State's records.

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

6-20-19
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

✓  _____
Required Signature/Incorporator

6-20-19
Date