

P19000056713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

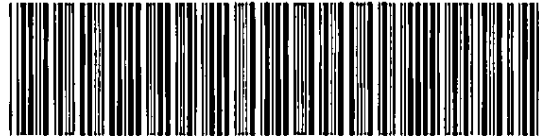
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 JUL -8 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 22 2019

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## COVER LETTER

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

SUBJECT: A-1 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      ☒ \$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: DOLORES MOURO  
Name (Printed or typed)

2359 WELCOME LANE  
Address

JACKSONVILLE, FL 32216  
City, State & Zip

904-764-7717  
Daytime Telephone number

TNTRLT1@BELLSOUTH.NET  
E-mail address: (to be used for future annual report notification)

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

***Terence N. Thurson***

*Full Service Accounting Firm*

*8810 Corporate Sq Ct Ste 107*

*Jacksonville, FL 32216*

*Tele: (904) 764-7717*

*Fax: (904) 652-0366*

*Email: [tntr11@bellsouth.net](mailto:tntr11@bellsouth.net)*

*Web: [thursonaccounting.com](http://thursonaccounting.com)*

July 1, 2019

**RE: P16000059962**

**A-1 Laundry Inc**

**Attn: Dolores Mouro**

**2359 Welcome Lane**

**Jacksonville, FL 32216**

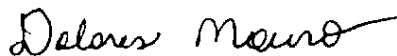
To Whom This May Concern,

The above referenced individual Mrs. Dolores Mouro is the owner of this corporation and has no plans on reinstating the old corporation. He would like to start a new corporation but with the same name.

Very Truly Yours,



Terence N Thurson



Dolores Mouro- President

**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: A-1 LAUNDRY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2359 WELCOME LANE

JACKSONVILLE, FL 32216

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: DOLORES MOURO - PRESIDENT

Name and Title: \_\_\_\_\_

Address 2359 WELCOME LANE

Address: \_\_\_\_\_

JACKSONVILLE, FL 32216

Name and Title: GEORGE MOURO - VICE PRESIDENT

Name and Title: \_\_\_\_\_

Address 2359 WELCOME LANE

Address: \_\_\_\_\_

JACKSONVILLE, FL 32216

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: TERENCE N THURSON

Address: 8810 CORPORATE SQ CT STE 107

JACKSONVILLE, FL 32216

**ARTICLE VII INCORPORATOR**

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

Name: DOLORES MOURO

Address: 2359 WELCOME LANE

JACKSONVILLE, FL 32216

**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

6/26/19

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.*



Required Signature/Incorporator

6/26/19

Date