

P19 000 086 902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

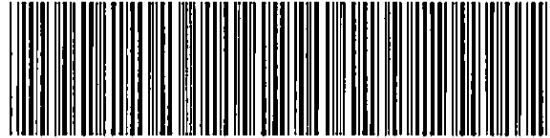
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D O'KEEFE  
NOV 22 2019

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

PGS Services

(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: \_\_\_\_\_

Larry Parks

Name (Printed or typed)

1140 Capital Circle SE Ste 12

Address

Tallahassee FL 32301

City, State & Zip

850-688-9625

Daytime Telephone number

pgslawr@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: PGS Services INC

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1140 Capital Circle SE STE 12  
Tallahassee, FL 32301

Mailing address, if different is:  
PO Box 181412  
Tallahassee, FL 32318

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This company has two  
Branches one is Computer Repair + I.T. Technology  
and lawn care + pressure washing services

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CEO Larry Parks Name and Title: \_\_\_\_\_

Address 1140 Capital Circle SE Address: \_\_\_\_\_  
STE 12  
Tallahassee, FL 32301

Name and Title: CFO Serinity Jackson Name and Title: \_\_\_\_\_

Address 1140 Capital Circle SE Address: \_\_\_\_\_  
STE 12  
Tallahassee, FL 32301

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

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

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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: Larry Parks  
Address: 1140 Capital Circle SE  
STE 12  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Larry Parks  
Address: 1140 Capital Circle SE  
STE 12  
Tallahassee, FL 32301

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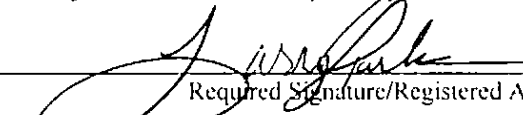
**ARTICLE VIII EFFECTIVE DATE:**

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

11-22-19  
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

11-22-19  
Date