

3/11/2020

P20000021530

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : WF TAXES AND MORE INC.
Account Number : I2020000043
Phone : (772)879-0010
Fax Number : (772)879-0150

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: WFTAXES.MORE@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

El Power Washer Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

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2020 MAR 11 PM 4:40

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2020 MAR 11 PM 12:40

COVER LETTER

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

SUBJECT: EL Power Washer Services 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
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: EL Power Washer Services Inc
Name (Printed or typed)

851 SW Monica St
Address

Port St Lucie FL 34953
City, State & Zip

305 434 6785

Daytime Telephone number

walgobor12@yahoo.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: EI Power Washer Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
851 Sw monica St
Port St Lucie FL 34953

Mailing address, if different is:
851 Sw monica St
Port St Lucie FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL Legal Bussines

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Juan J Romero Hache</u>	Name and Title:	<u>President</u>
Address	<u>851 Sw monica St</u>	Address:	
	<u>Port St Lucie FL 34953</u>		

Name and Title:		Name and Title:	
Address		Address:	

Name and Title:		Name and Title:	
Address		Address:	

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SILVER SPRING
FLORIDA
CLERK OF CIRCUIT COURT

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: Juan J Romero Hache
 Address: 851 Sw monica St
Port St Lucie FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Walter Gomez
 Address: 508 Sw Port St Lucie Blvd
Port St Lucie FL 34953

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/10/2020 (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

Juan J Romero Hache
 Required Signature/Registered Agent

3/10/20
 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.

Walter Gomez
 Required Signature/Incorporator

3/10/2020
 Date