

# P20000056505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

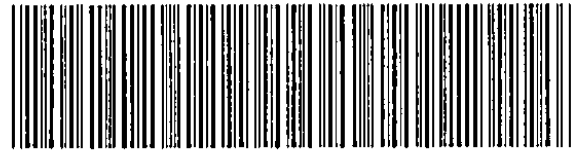
(Business Entity Name)

(Document Number)

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

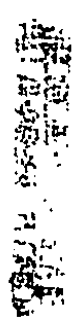
Special Instructions to Filing Officer:

Office Use Only



200349192642

SECRETARY OF STATE  
TALLAHASSEE, FL



2020 JUL 29 PM 12:26

JUL 31

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

**ORDER FORM**

**TO :** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Stops  
mstops@incserv.com  
850.656.7953

**REQUEST DATE** 7/29/2020

**PRIORITY** Routine

**OUR REF # (Order ID#)** 8

**ORDER ENTITY**  
A/C DRAIN SOLUTIONS, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**

A/C DRAIN SOLUTIONS, INC. (FL)

New corp filing

**NOTES:**

\$70.00 Authorized

Email address for annual report reminders: JMARCUSCPA@YAHOO.COM

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILE

ARTICLE I NAME

The name of the corporation shall be: A/C DRAIN SOLUTIONS, INC.

2020 JUL 29

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY &  
TREASURER  
Mailing address, if different is:  
TALLAHASSEE

1471 NEPTUNE DRIVE  
BOYNTON BEACH, FL 33426

SAME AS PRINCIPAL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 500 shares @ \$1.00 PAR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KENNETH COLSON, PRES. Name and Title: \_\_\_\_\_

Address 1471 NEPTUNE DRIVE Address: \_\_\_\_\_

BOYNTON BEACH, FL 33426 \_\_\_\_\_

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: KENNETH COLSON  
Address: 1471 NEPTUNE DRIVE  
BOYNTON BEACH, FL 33426

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: KENNETH COLSON  
Address: 1471 NEPTUNE DRIVE  
BOYNTON BEACH, FL 33426

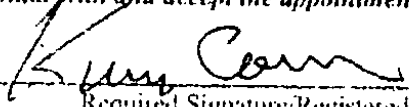
**ARTICLE VIII EFFECTIVE DATE:**

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.)

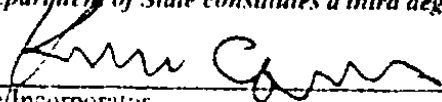
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

7/29/2020  
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

7/29/2020  
Date

2020 JUL 29 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FL