

P2100000 5212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

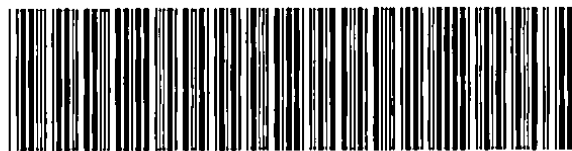
(Document Number)

Certified Copies

Certificates of Status

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Office Use Only



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# COVER LETTER

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

SUBJECT: Parker 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: Parker Services  
Name (Printed or typed)

1140 Capital Circle SE STE 12  
Address

Tallahassee, FL 32301  
City, State & Zip

850-688-9625  
Daytime Telephone number

PGS1awng@gmail.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLE I NAMEThe name of the corporation shall be: PGS services 2 INCARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1140 Capital Circle SE STE 12  
Tallahassee, FL 32301ARTICLE III PURPOSEThe purpose for which the corporation is organized is: This company provides  
Lawn care & pressure washing services & the other  
part of the company does PC Repair & the  
3rd part will be doing Pest Management later  
once certifiedARTICLE IV SHARESThe number of shares of stock is: 1ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Serinity Jackson Name and Title: CEOAddress: 1140 Capital Circle SE STE 12 Address:Tallahassee, FL 32301Name and Title: Larry ParkerName and Title: CFO

Address:

1140 Capital Circle  
Tallahassee, FL 32301

Address:

Name and Title:

Name and Title:

Address:

Address:

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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

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

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

**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.)

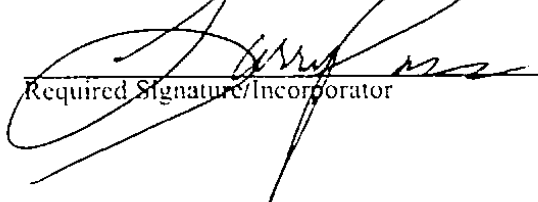
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

1-26-21  
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

1-26-21  
Date