

P2100000 5212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

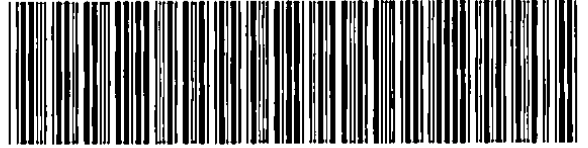
(Document Number)

Certified Copies 2

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 JAN 26 PM 4:46

2021 JAN 26 PM 4:29

FILED

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

PGS.law@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 NAME

The name of the corporation shall be: PGS services 2 INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1140 Capital Circle SE STE 12  
Tallahassee, FL 32301

ARTICLE III PURPOSE

The 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 certified

ARTICLE IV SHARES

The number of shares of stock is: 1

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Serinity Jackson Name and Title: CEO

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

Name and Title: Larry Parker Name and Title: CFO

Address: 1140 Capital Circle Address:  
Tallahassee, FL 32301

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: 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

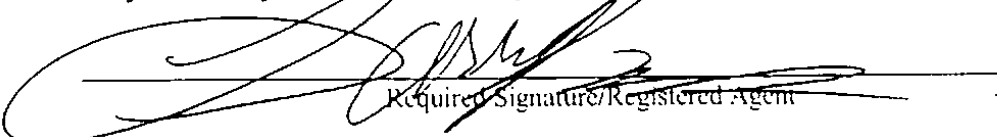
**ARTICLE VIII EFFECTIVE DATE:**

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.)

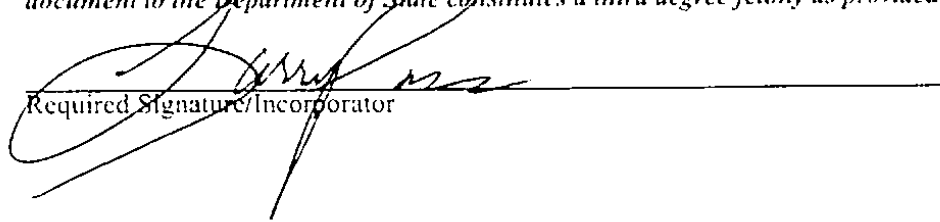
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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