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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

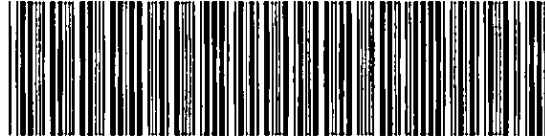
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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2021 JAN 26 PM 3:39

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## COVER LETTER

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

FILED  
2021 JAN 25 PM 3:39

SUBJECT: REEL CLEANING, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: JENNIFER COOLEY  
Name (Printed or typed)

6304 EMERSON AVENUE  
Address

FORT PIERCE, FLORIDA 34951  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

\_\_\_\_\_  
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: REEL CLEANING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6304 EMERSON AVENUE  
FORT PIERCE, FLORIDA 34951

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CLEANING SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS PRES.**

Name and Title: JENNIFER COOLEY Name and Title: \_\_\_\_\_

Address 6304 EMERSON AVENUE Address: \_\_\_\_\_  
FORT PIERCE, FL. 34951

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

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

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

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

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

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

Address \_\_\_\_\_

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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JENNIFER COOLEY

Address: 6304 EMERSON AVENUE  
FORT PIERCE, FLORIDA 34951

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: JENNIFER COOLEY

Address: 6304 EMERSON AVENUE  
FORT PIERCE, FLORIDA 34951

**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.*

X Jennifer Cooley

Required Signature/Registered Agent

X 1/22/21

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.*

X Jennifer Cooley

Required Signature/Incorporator

X 1/22/21

Date