

P24000010251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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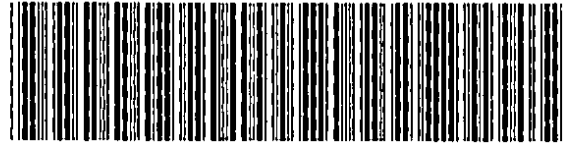
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

2024 FEB -8 PM 1:59

TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** BOWDEN CARPET CLEANING & RESTORATION, 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:** SHANNON ROSIER

Name (Printed or typed)

PO BOX 16375

Address

TALLAHASSEE, FL 32308

City, State & Zip

850-877-6362

Daytime Telephone number

shannon@rosierco.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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**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: BOWDEN CARPET CLEANING AND RESTORATION, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2901 E PARK AVE

TALLAHASSEE, FL 32301

Mailing address, if different is:

2901 E PARK AVE

TALLAHASSEE, FL 32301

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS ALLOWED IN  
FLORIDA IN ADDITION TO CARPET CLEANING AND RESTORATION CARE.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: J. MARLON BOWDEN, PRESIDENT

Address: 2901 E PARK AVE  
TALLAHASSEE, FL 32301

Name and Title: ANGELA BOWDEN-PARKER, VP

Address: 2901 E PARK AVE  
TALLAHASSEE, FL 32301

Name and Title: MARA BOWDEN, SEC / TRE

Address: 2901 E PARK AVE  
TALLAHASSEE, FL 32301

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

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

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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: SHANNON ROSIER  
Address: 1882 CAPITAL CIR NE STE 102  
TALLAHASSEE, FL 32308

**ARTICLE VII INCORPORATOR**

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

Name: SHANNON ROSIER  
Address: PO BOX 16375  
TALLAHASSEE, FL 32317

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/7/2024 (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*

Shannon Rosier  
Required Signature/Registered Agent

2/7/24  
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.*

Shannon Rosier  
Required Signature/Incorporator

2/7/24  
Date