

P95000049841
TRANSMITTAL LETTER

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

400001523834
-06/27/95--01001--011
*****70.00 *****70.00

SUBJECT: WAKULLA PRESSURE CLEANING SERVICE INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

William T. Poole
Name (printed or typed)

Rt 4 Box 6665
Address

Crawfordville, FL 32327
City, State & Zip

904-926-7171
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 JUN 27 AM 9:18

FILED

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: *WAKULLA PRESSURE CLEANING SERVICE INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

~~Rt 4 Box 6665 Crawfordville, Florida 32327~~
20 Autumn Way Crawfordville, FL 32327

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TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is: *William T. Poole*

~~Rt 4 Box 6665 Crawfordville, FL 32327~~
20 Autumn Way, Crawfordville, FL 32327

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

William Thomas Poole
20 Autumn Way
Crawfordville, FL.
32327

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of June, 19 95.

William Thomas Poole
Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: WAKULLA PRESSURE CLEANING SERVICE INC.
20 AUTUMN WAY CRAWFORDVILLE, FL 32327
2. The name and address of the registered agent and office is:

William T. Poole
(NAME)

20 Autumn Way
(P.O. Box or Mail Drop/Box NOT ACCEPTABLE)

CRAWFORDVILLE, Florida 32327
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

William T. Poole
(SIGNATURE)

Tues. 27th June 95
(DATE)