

P18000045809

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

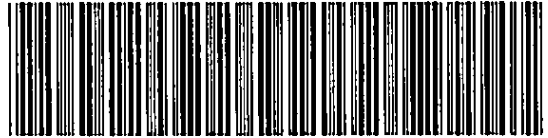
Certified Copies _____ Certificates of Status _____

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T. SCOTT



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAY 15 AM 9 49

FILED

COVER LETTER

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

SUBJECT: Robert Spicher Pump Service 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
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: Robert Spicher Pump Service Inc.

Name (Printed or typed)

8851 Richmond St.

Address

Gibsonton, Fl. 33534

City, State & Zip

813-677-5878

Daytime Telephone number

rspicher@verizon.net

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: Robert Spicher Pump Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8851 Richmond St.
Gibsonton, Fl. 33534

Mailing address, if different is:
P. O. Box 353
Riverview, Fl. 33568

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Repairs pumps and installation. Repairs on Lift Stations

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Spicher - President
Address: 8851 Richmond St
Gibsonton, Fl. 33534

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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2008 MAY 15 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Raul Duran
Address: 11280 Sophia Drive #2312
Temple Terrace, Fl. 33568

ARTICLE VII INCORPORATOR

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

Name: Sherry Lanphear
Address: 10006 Vaughn St.
Gibsonton, Fl. 33534

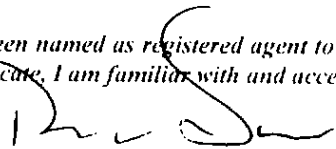
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 11, 2018 (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

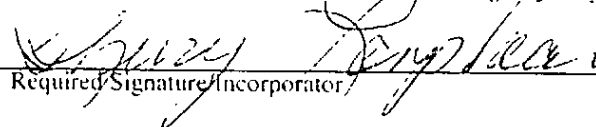


Required Signature/Registered Agent

May 11, 2018

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

May 11, 2018

Date