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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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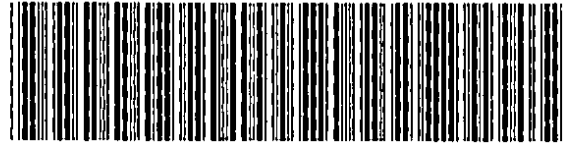
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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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