

N18000009512

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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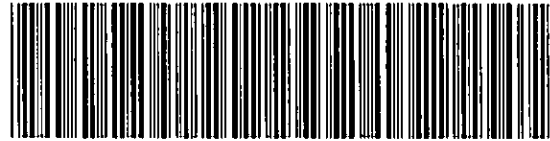
(Business Entity Name)

(Document Number)

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2018 AUG 31 AM 9:31
SECTION 101
TALLAHASSEE, FLORIDA

SEP 05 2018

K. Brumbley

COVER LETTER

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

SUBJECT: Tee and Cookie 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 of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Theresa Walker

Name (Printed or typed)

435 NE 121st Street Apt 403

Address

Miami, FL 33161

City, State & Zip

786-260-9897

Daytime Telephone number

teeandcookiecleaningservice@gmail.com

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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Tee and Cookie Cleaning Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
435 NE 121st Street

Apt 403

Miami, FL 33161

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: House and Office cleaning service for the abled and the disabled

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

AS Stated in the Bylaws

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2018 AUG 31 AM 9:31
SECRETARY
TALLAHASSEE FL 32301

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Theresa Walker, Owner/CEO

Address: 435 NE 121st Street
Apt 403
Miami, FL 33161

Name and Title: Cookie Pearson, President

Address: 834 SW 10th Drive
Apt 101
Pompano Beach, FL 33060

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Darryl Skirving

Address: 8332 Jamestown Drive

Winterhaven, FL 33884

ARTICLE VII INCORPORATOR

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

Name: Theresa Walker

Address: 435 NE 121st Street Apt 403

Miami, FL 33161

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: August 28, 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

D. Skirving
Required Signature of Registered Agent

8-15-18
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Theresa Walker
Required Signature of Incorporator

8-20-18
Date