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TRANSMITTAL LETTER

FILED

01 MAY -1 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Cleen Sweep Services of Tallahassee 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Shirley L Farran
Name (Printed or typed)

6730 Layton Ct
Address

Tall FL 32311
City, State & Zip

489-2367 pager
Daytime Telephone number

500004104315--4
-05/01/01--01122--001
*****78.75 *****78.75

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:

Cleen Sweep Services of Tallahassee, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6730 Layton Ct Tall, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Stacey L Farran - President
6730 Layton Ct
Tall FL 32311

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Stacey L Farran
6730 Layton Ct
Tall, FL 32311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Stacey L Farran
6730 Layton Ct
Tall FL 32311

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

Stacey L Farran
Signature/Registered Agent

050101
Date

Stacey L Farran
Signature/Incorporator

050101
Date

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