

P04000037267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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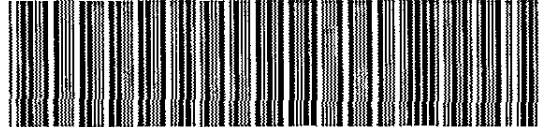
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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✓ P.
2/27/04

TRANSMITTAL LETTER

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

SUBJECT: DONNA THOMPSON CLEANING 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: DONNA THOMPSON

Name (Printed or typed)

P. O. BOX 860001

Address

ST. AUGUSTINE, FLORIDA 32084

City, State & Zip

(904) 814-7453

Daytime Telephone number

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:

DONNA THOMPSON CLEANING SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P. O. BOX 860001
ST. AUGUSTINE, FLORIDA 32084

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME, COMMERCIAL AND CONSTRUCTION CLEANING

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DONNA THOMPSON, PRESIDENT
P. O. BOX 860001
ST. AUGUSTINE, FL 32084

DONNA THOMPSON, SECRETARY
P. O. BOX 860001

ST. AUGUSTINE, FL 32084

ARTICLE VI REGISTERED AGENT

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

DONNA THOMPSON
2661 GORDA BELLA AVENUE
ST. AUGUSTINE, FL 32086

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONNA THOMPSON
P. O. BOX 860001
ST. AUGUSTINE, FL 32084

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

Donna Thompson
Signature/Registered Agent

2/19/04
Date

Donna Thompson
Signature/Incorporator

2/19/04
Date

FILED

04 FEB 23 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA