

PO40000048085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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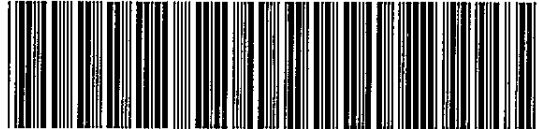
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAR 12 PM 4:22
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BARBARA E FAULK 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: BARBARA E FAULK
Name (Printed or typed)

P O BOX 700063

Address

ST CLOUD, FLORIDA 34770

City, State & Zip

(407) 957-1924

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:

BARBARA E FAULX CLEANING SERVICE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1633 Marlin Street
PO Box 700063 St Cloud Florida 34770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide cleaning services to commerical and residential customers

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara E Faulx, President and Treasurer - PO Box 700063, St Cloud, FL 34770
Jason A Faulx - Vice-President - 2065 Mustang Court, St Cloud, FL 34770
Sonja L Morgenthaler - PO Box 1648, Redmond, OR 97756

ARTICLE VI REGISTERED AGENT

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


Barbara E Faulx
1633 Marlin Street
St Cloud, FL 34771

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Barbara E Faulx
PO Box 700063
St Cloud, FL 34770

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


Signature/Registered Agent

Barbara E Faulx


Date


Signature/Incorporator


Date

Barbara E Faulx

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA