

PO4000127880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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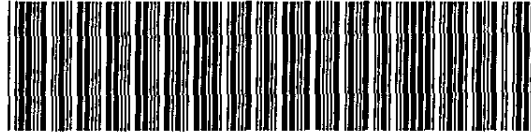
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 SEP -9 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Spur* 9-9-04

## TRANSMITTAL LETTER

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

SUBJECT: Sheron Buchanan 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      ☐ \$18.75  
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: Sheron Buchanan Inc  
Name (Printed or typed)

1922 Market St. N.  
Address

Jacksonville, FL 32206  
City, State & Zip

904 - 483-8311 - cell  
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)

FILED

04 SEP -9 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*Sharon Buchanan Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*1922 Market St. N.  
Jacksonville, FL 32206*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To clean newly constructed homes*

**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):

*Sharon Buchanan, Pres.*

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Sharon Buchanan  
1922 Market St. N.  
Jacksonville, FL*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Sharon Buchanan  
1922 Market St. N.  
Jacksonville, FL 32206*

*Sharon Buchanan*

\*\*\*\*\*

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

*Sharon Buchanan*

Signature/Registered Agent

*9-8-04*

Date

*Sharon Buchanan*

Signature/Incorporator

*9-8-04*

Date