

PO4000145369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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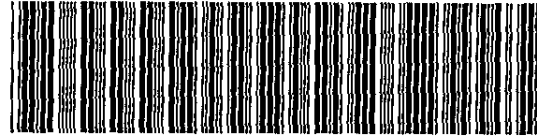
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

TH 10/21/04

TRANSMITTAL LETTER

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

SUBJECT: Julia's Cleaning And Maintenance, 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: Julia Burns

Name (Printed or typed)

6280 Wingspan Way

Address

Bradenton, FL 34203

City, State & Zip

941 224-1685

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:

Julia's Cleaning And Maintenance, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 21151
Bradenton, FL 34204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit business

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):

Julia Burns 6280 Wingspan Way Bradenton, FL 34203 CEO

ARTICLE VI REGISTERED AGENT

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

Julia Burns
6280 Wingspan Way,
Bradenton, FL 34203

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Julia Burns
6280 Wingspan Way
Bradenton, FL 34203

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

10-19-04
Date



Signature/Incorporator

10-19-04
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA