

P05000006124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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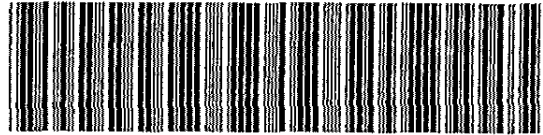
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2005 JAN 10 P 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: ABOVE ALL CLEANING EXPERTS, 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: Luciana Noronha

Name (Printed or typed)

11626 Summit Rock Court

Address

Parrish, Florida, 34219

City, State & Zip

941-240-0101

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:

Above All Cleaning Experts, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11626 Summit Rock Court
Parrish, FI
34219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President: Luciana Noronha
Secretary: Humberto Noronha
Treasurer: Humberto Noronha

ARTICLE VI REGISTERED AGENT

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


Luciana Noronha
11626 Summit Rock Ct.
Parrish, FI 34219

ARTICLE VII INCORPORATOR

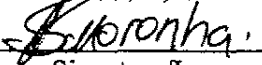
The name and address of the Incorporator is:

Luciana Noronha
11626 Summit Rock Ct.
Parrish, FI 34219

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

LUCIANA NORONHA


Signature/Incorporator

LUCIANA NORONHA

FILED
2005 JAN 10 P 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/05/05

Date

01/05/05

Date