

P05000122902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

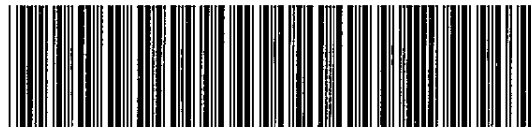
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

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05 SEP -8 PM 1:09

STATE BAR OF FLORIDA
TALLAHASSEE, FLORIDA

48.9

COVER LETTER

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

SUBJECT: Complete Cleaning Services Inc. ^{Express}
(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: Lisa Jackson
Name (Printed or typed)

307 Ponn Pine St.
Address

Tallahassee Florida 32310
City, State & Zip

850-212-9532 or 850-224-Lisa
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:

Complete Cleaning ~~Services~~ Express Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

307 Pono Pine St. Tallahassee, Florida 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning Service

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lisa Jackson President
307 Pono Pine St.
Tallahassee, Florida 32310

ARTICLE VI REGISTERED AGENT

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

Lisa Jackson
307 Pono Pine St. Tallahassee Florida 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Jackson
307 Pono Pine St. Tallahassee Florida 32310

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

Lisa Jackson
Signature/Registered Agent

Lisa Jackson
Signature/Incorporator

9/8/05
Date

9/8/05
Date

FILED
05 SEP -8 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA