

A05000137261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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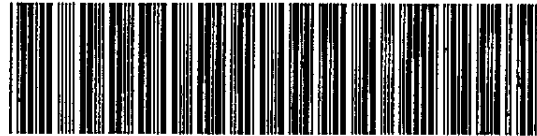
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

1. Burch OCT 7 2005

## TRANSMITTAL LETTER

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

SUBJECT: Cleaning by Loraine, 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: Loraine Campbell  
Name (Printed or typed)

P.O. Box 1084  
Address

Stuart, FL. 34995-1084  
City, State & Zip

1-772-528-4435  
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:

*Cleaning by Lorraine Inc.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*P.O. Box 1084  
Stuart, FL 34995-1084*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*New Construction Cleaning*

## 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):

*Lorraine Campbell - President - Owner*

## ARTICLE VI REGISTERED AGENT

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

*5127 SE Lisbon Cir.  
Stuart, FL 34997 Lorraine Campbell*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Lorraine Campbell - 5127 SE Lisbon Cir.  
Stuart, FL 34997*

\*\*\*\*\*

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

*Lorraine Campbell*  
\_\_\_\_\_  
Signature/Registered Agent

*Lorraine Campbell*  
\_\_\_\_\_  
Signature/Incorporator

*9-29-05*  
\_\_\_\_\_  
Date

*9-29-05*  
\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA