

P05000148548

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

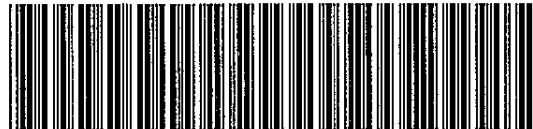
(Document Number)

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Certificates of Status \_\_\_\_\_

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05 NOV -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

T. Burch NOV 8 2005

## COVER LETTER

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

SUBJECT: ALPINE COMMERCIAL CLEANING 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: ALPINE COMMERCIAL CLEANING, INC.  
Name (Printed or typed)

1444 WALDEN OAKS PLACE  
Address

PLANT CITY FLORIDA, 33566  
City, State & Zip

(813) 478-8374  
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:

ALPINE COMMERCIAL CLEANING, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1444 WALDEN OAKS PLACE, PLANT CITY FL 33566

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL 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):

HOLLY FARMER PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

ALPINE COMMERCIAL CLEANING HOLLY FARMER  
1444 WALDEN OAKS PLACE  
PLANT CITY FLORIDA 33566

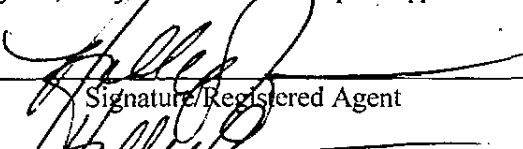

**ARTICLE VII INCORPORATOR**

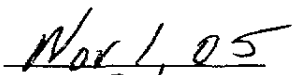
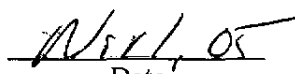
The name and address of the Incorporator is:

HOLLY FARMER  
1444 WALDEN OAKS PLACE  
PLANT CITY FLORIDA 33566

\*\*\*\*\*

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  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

FILED  
05 NOV -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA