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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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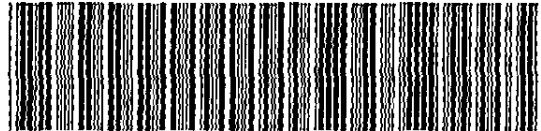
(Business Entity Name)

(Document Number)

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

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06 APR -7 PM 4:05  
TALLAHASSEE, FLORIDA

15002 01 APR 10 2006

## COVER LETTER

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

SUBJECT: DEANNE ROBICHAUD 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: DEANNE ROBICHAUD

Name (Printed or typed)

5305 TRAPNELL ROAD

Address

DOVER FLORIDA 33527

City, State & Zip

1/813/359/7990

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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**NOTE: Please provide the original and one copy of the articles.**

Article V: The names, address and titles of the Directors/Officers (**optional**). The names of officers/directors may be required to apply for a license, open a bank account, etc.

Article VI: The name and **Florida Street address** (P.O. Box **NOT** acceptable) of the initial Registered Agent. The Registered Agent **must** sign in the space provided and type or print his/her name accepting the designation as registered agent.

Article VII: The name and address of the Incorporator. The Incorporator **must** sign in the space provided and type or print his/her name below signature.

**An Effective Date:** Add a **separate** article if applicable or necessary. An effective date **may** be added to the Articles of Incorporation, otherwise the date of receipt will be the file date. (An effective date can not be more than five (5) business days prior to the date of receipt or ninety (90) days after the date of filing).

\*\*\*\*\*

**The fee for filing a profit corporation is:**

Filing Fee \$35.00

Designation of Registered Agent \$35.00

Certified Copy (optional) \$ 8.75 (plus \$1 per page for each page over 8, not to exceed a maximum of \$52.50).

Certificate of Status (optional) \$ 8.75

(Make checks payable to Florida Department of State)

**Mailing Address:**

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6052

**Street Address:**

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301  
(850) 245-6052



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**INSTRUCTIONS FOR A PROFIT CORPORATION**

The following are instructions, a cover letter and sample articles of incorporation pursuant to Chapter 607 and 621 Florida Statutes (F.S.).

**NOTE: THIS IS A BASIC FORM MEETING MINIMAL REQUIREMENTS FOR FILING ARTICLES OF INCORPORATION.**

The Division of Corporations strongly recommends that corporate documents be reviewed by your legal counsel. The Division is a filing agency and as such does not render any legal, accounting, or tax advice.

This office does not provide you with corporate seals, minute books, or stock certificates. It is the responsibility of the corporation to secure these items once the corporation has been filed with this office.

Questions concerning S Corporations should be directed to the Internal Revenue Service by telephoning 1-800-829-1040. This is an IRS designation, which is not determined by this office.

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your corporate name selection.

Pursuant to Chapter 607 or 621 F.S., the articles of incorporation **must** set forth the following:

Article I: The name of the corporation **must** include a corporate suffix such as Corporation, Corp., Incorporated, Inc., Company, or Co.

A Professional Association **must** contain the word "chartered" or "professional association" or "P.A."

Article II: The principal place of business and mailing address of the corporation.

Article III: **Specific Purpose for a "Professional Corporation"**

Article IV: The number of shares of stock that this corporation is authorized to have **must** be stated.

**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:

DEANNE ROBICHAUD INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5305 TRAPNELL ROAD DOVER FL 33527

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

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):

DEANNE ROBICHAUD (PRESIDENT)  
5305 TRAPNELL ROAD DOVER FL 33527

**ARTICLE VI REGISTERED AGENT**

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

DEANNE ROBICHAUD ( REGISTERED AGENT)  
5305 TRAPNELL ROAD DOVER FL 33527

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DEANNE ROBICHAUD 5305 TRAPNELL ROAD DOVER FL 33527

\*\*\*\*\*  
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

x Deanne Robichaud  
Signature/Registered Agent

3/20/2006

Date

x Deanne Robichaud  
Signature/Incorporator

3/20/2006

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR -7 PM 4:06

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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5305 TRAPNELL ROAD DOVER FL 33527

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TALLAHASSEE, FLORIDA

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Signature/Registered Agent

3/20/2006

Date

x Deanne Robichaud  
Signature/Incorporator

3/20/2006

Date