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# **COVER LETTER**

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

SUBJECT: Blue	Bird Mobile Detailing In	IC. TE NAME – <u>MUST INCL</u>	UDE SUFF(X)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Michael Burke Name (Printed or typed)  1480 NW 22 Street #B		
	Fort Laud	Address erdale, FL 33311 State & Zip	
		336-5809	

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:

Blue Bird Mobile Detailing Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1480 NW 22 Street #B Fort Lauderdale, FL 33311

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

cleaning services

# <u>ARTICLE IV SHARES</u>

The number of shares of stock is:

one thousand

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Burke-President 1480 NW 22 Street #B Fort Lauderdale, FL 33311 Tanya Brissett-Burke-Officer 1480 NW 22 Street #B Fort Lauderdale, FL 33311

# <u>ARTICLE VI REGISTERED AGENT</u>

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

Tanya Brissett-Burke 1480 NW 22 Street #B Fort Lauderdale, FL 33311

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Michael Burke 1480 NW 22 Street #B Fort Lauderdale, FL 33311

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 Date

Signature/Incorporator Date

SECRETARY OF STATE