

P098800011494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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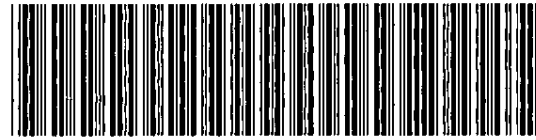
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/09--01006--026 **44.00

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RECEIVED
09 FEB -5 PM 1:56
DEPT. TREAS. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
09 FEB -5 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-5-09
CM

COVER LETTER

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

SUBJECT: Specializing
S & J Specializing Cleaning Service Corp.
(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: Monica N. Jones
Name (Printed or typed)

1010 Basin St. Apt 149L
Address

Talla, FL 32304
City, State & Zip

(850) 727-9916
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: *S & J Specializing Cleaning Service Corp.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *1010 Basin St. Apt 149L Tallahassee, FL 32304*
Monica N. Jones

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):

President Monica Jones 1010 Basin St. Apt 149L
Vice President Cassandra Sampson 1010 Basin St. 149L

ARTICLE VI REGISTERED AGENT

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

1010 Basin St. Apt 149L Tallahassee, FL 32304
Monica N. Jones

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Monica N. Jones 1010 Basin St Apt 149L
Tallahassee, FL 32304

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

Monica N. Jones

Signature/Registered Agent

2-5-08

Date

Monica N. Jones

Signature/Incorporator

2-5-08

Date

FILED
09 FEB - 5 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA