P0900059302

. (Req	uestor's Name)	•
(Addı	ress)	· <u>- · · · · · · · · · · · · · · · · · ·</u>
(Addı	ress)	·····
(City/	State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL.
	/	
(Busi	ness Entity Nam	ne)
(Doci	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
		ľ
		1

Office Use Only



300158245993

07/13/09--01020--019 **70.00

O9 JUL 13 AM II: 52

DESCRIPTION OF SIGNE ON THE STATE OF THE STATE OF

D. A. WHITE



COVER LETTER

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

Samuela		Jeaning Service	s TNC
SUBJECT: PROPOSED CORPORAT	TENAME-MUST INCL	UDE SUFFIX)	-3,2
		•	
Enclosed are an original and one (1) copy of the artic	les of incorporation and	a check for:	
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
P.O BUS 147	(Printed or typed)		
TAllahassee City, 5	P(A 323 State & Zip Glephone number	.77	
E-mail address: (to be used	for future annual report r	notification)	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
ARTICLE I NAME The name of the corporation shall be: Semmable Properties Cleaning Services	ies In	ار
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: P.O BY 1474 Tau Fla 32377 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Tau Fla 32	Ridge	
ARTICLE IV SHARES The number of shares of stock is: 10000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	09 JUL 13 PH I2: 03 SECRETARY OF STATE TALLAHASSEE, FLORID	
Patsy Gautiers president. Po Bux 14741 Tail Fla 32317 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 2843 AQUA Ridge at Patsy Gautiers.	ORIDA	J
Tallshassee Els 32317 ARTICLE VII INCORPORATOR The name and address of the licorporator is: Portsy Gauchier P. o Box 14741 Tall FA 32317.		
Having been named as registered agent to accept service of process for the above stated coplace designated in this certificate, I am familiar with and accept the appointment as registered to act in this capacity Signature/Registered Agent Date	orporation at	the

Date

ARTICLES OF INCORPORATION