

P10000089767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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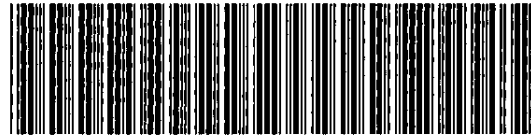
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILING CANCELLED
RETURNED CHECK

11/01/10--01052--003 **87.50

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2010 NOV - 1 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Eblers NOV 04 2010

COVER LETTER

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

SUBJECT: HER-JOHNS SPOTLESS SOLUTION CORPORATION
(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: HERNANDO BUSTOS MUNOZ

Name (Printed or typed)

2541 CLEMSON AVE

Address

ORLANDO, FL 32818-0000

City, State & Zip

407-982-6692

Daytime Telephone number

HERJOHNS52@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING CANCELLED
RETURNED CHECK

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: **HER-JOHN'S SPOTLESS SOLUTION CORPORATION**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2541 CLEMSON AVE
ORLANDO FL 32818

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROVIDE SERVICE

ARTICLE IV SHARES

The number of shares of stock is **2**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **HERNANDO BUSTOS MUNOZ PRESIDENT**
Address: **2541 CLEMSON AVE**
ORLANDO FL 32818

Name and Title: **LEON ALLEN RAMIREZ VICE PRESIDENT**
Address: **2541 CLEMSON AVE**
ORLANDO FL 32818

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: **HERNANDO BUSTOS MUNOZ**
Address: **2541 CLEMSON AVE**
ORLANDO FL 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **HERNANDO BUSTOS MUNOZ**
Address: **2541 CLEMSON AVE**
ORLANDO FL 32818

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


Required Signature/Registered Agent

10/22/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

10/22/2010

Date

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TALLAHASSEE, FLORIDA