

P10000098821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

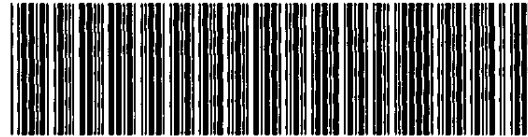
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/06/10--01011--002 **70.00

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2010 DEC -6 PM 3:50

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

*Burch DEC 07 2010

COVER LETTER

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

SUBJECT: Service One Wipe It Clean, 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: Jasmin M Gayle

Name (Printed or typed)

3045 Isola Bella BLVD

Address

Mount Dora, FL 32757

City, State & Zip

(772) 232-8177

Daytime Telephone number

freedom.gayle2@gmail.com

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

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: Service One Wipe It Clean, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
3045 Isola Bella BLVD
Mount Dora, FL 32757

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Janitorial Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jasmin M Gayle</u>	Name and Title: _____
Address: <u>3045 Isola Bella BLVD</u>	Address: _____
<u>Mount Dora, FL 32757</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

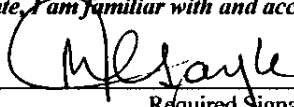
Name: Jasmin M Gayle
Address: 3045 Isola Bella BLVD
Mount Dora, FL 32757

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jasmin M Gayle
Address: 3045 Isola Bella BLVD
Mount Dora, FL 32757

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

11/30/10
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

11/30/10
Date

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2010 DEC -6 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA