

711000002576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

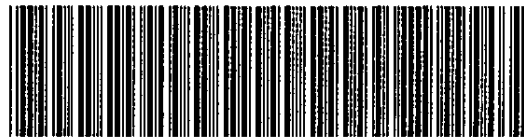
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800190055058

01/07/11--01013--006 **78.75

FILED
2011 JAN -7 PM 1:31
CLERK OF COURT
GALLAHASSEE, FLORIDA

J. Shivers JAN 10 2011

COVER LETTER

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

SUBJECT: King's allclean 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: King's allclean Corp

Name (Printed or typed)

19499 NE 10 Ave Apt 529

Address

North Miami, FL 33179

City, State & Zip

3053957987

Daytime Telephone number

bbdwill@ymail.com

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

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

FILED
JAN 11 2011
TALLAHASSEE, FLORIDA

2011 JAN - 7 PM 1:31

FILED

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

King's allclean Corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
19499 NE 10 Ave Apt 529
North Miami, FL 33179

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To create jobs acquire contracts buy and sell cleaning supplies and equipment

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ryan Greaves President/Treasure
Address: 19499 NE 10 Ave Apt 529
North Miami, FL 33179

Name and Title: Maureen Cummings Vice President/Secretary
Address: 19499 NE 10 Ave apt 529
North Miami, FL 33179

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:

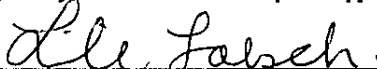
Name: Lilian Loesch
Address: 19499 NE 10 Ave apt 529
North Miami, FL 33179

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ryan Greaves President/Treasure
Address: 19499 NE 10 Ave apt 529
North Miami, FL 33179

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

01/05/2011

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

01/05/2011

Date

FILED
2011 JAN -7 PM 1:31
CLERK OF THE
STATE OF FLORIDA