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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: ANNE AOE NICHOLSON cleaning Ser. 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: Patricia Nicholson
Name (Printed or typed)

3520 Sun Kissed Rd
Address

Tallahassee, Florida, 32305
City, State & Zip

(850) 345-5796
Daytime Telephone number

AAUCS10 Comcast.net
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: ANN & ABE NICHOLSON CLEANING SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

ANN & ABE NICHOLSON
CLEANING SERVICE INC

Mailing address, if different is:

3520 Sunkissed Rd.
Tallahassee, Florida,
32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia Nicholson
Address: 3520 Sunkissed Rd
Tallahassee, Florida,
32305

Name and Title: Patricia Nicholson
Address: CEO - President

Name and Title: Abraham Nicholson
Address: 3520 Sunkissed Rd.
Tallahassee, Florida,
32305

Name and Title: Abraham Nicholson
Address: CEO

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: Patricia Nicholson
Address: 3520 Sunkissed Rd
Tall, Fla, 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia Nicholson
Address: 3520 Sunkissed Rd
Tall, Fla, 32305

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:

Patricia Nicholson
Required Signature/Registered Agent

01/25/11
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.

Patricia Nicholson
Required Signature/Incorporator

01/25/11
Date