

P11000033133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

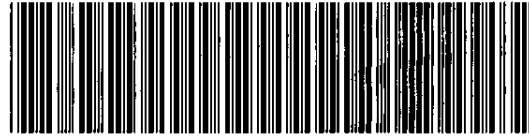
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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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: JANITORIAL SERVICES BY LUCY 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: JANITORIAL SERVICES BY LUCY INC

Name (Printed or typed)

Blvd  
8370 SAMPLE ROAD, SUITE 108

Address

TAMARAC, FL 33321

City, State & Zip

954-865-4385

Daytime Telephone number

Janitorialservicesbylucy@yahoo.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: JANITORIAL SERVICES BY LUCY INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
8370 SAMPLE ROAD Blvd  
SUITE 108  
TAMARAC, FL 33321

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
JANITORIAL SERVICES

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Maria Luz Chacon  
Address: 8370 Sample Road Blvd  
Suite 108  
Tamarac, FL 33321

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: Maria Luz Chacon Blvd  
Address: 8370 Sample Road Suite 108  
Tamarac, FL 33321

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria Luz Chacon Blvd  
Address: 8370 Sample Road Suite 108  
Tamarac, FL 33321

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

Maria Luz Chacon

Required Signature/Registered Agent

03/30/2011

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.

Maria Luz Chacon

Required Signature/Incorporator

03/30/2011

Date