

P11 000088462

(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



600212934226

10/06/11--01022--009 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT -6 PM 1:52

10/10
B

COVER LETTER

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

SUBJECT: Greater Services of Central Florida, 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: Megan Rodriguez, President
Name (Printed or typed)

5201 Jade Circle
Address

Belle Isle, Florida 32812
City, State & Zip

407-415-5520
Daytime Telephone number

GreaterServicesInc@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:

Greater Services of Central Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5201 Jade Circle

Belle Isle, Florida 32812

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Carpentry and Cleaning Services for residential and commercial

ARTICLE IV SHARES

The number of shares of stock is:

1,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Megan Rodriguez, President

Address: 5201 Jade Circle

Belle Isle, Florida 32812

Name and Title: _____

Address: _____

Name and Title: Jose Rodriguez, Treasurer

Address: 5201 Jade Circle

Belle Isle, FL 32812

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: Megan Rodriguez

Address: 5201 Jade Circle

Belle Isle, Florida 32812

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Megan Rodriguez

Address: 5201 Jade Circle

Belle Isle, Florida 32812

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

Megan Rodriguez

Required Signature/Registered Agent

9/29/2011

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.

Megan Rodriguez

Required Signature/Incorporator

9/29/2011

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT - 6 PM 1:52