

P12000004010

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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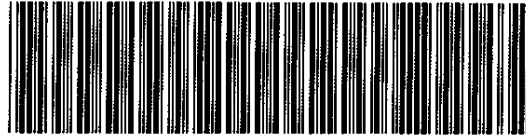
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2012 JAN 11 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JAN 12 2012

COVER LETTER

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

SUBJECT: Mayor Cleaning Service, 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: Inocente Vences

Name (Printed or typed)

4207 W. Woodlawn Ave.

Address

Tampa FL 33614

City, State & Zip

(813)995-7069

Daytime Telephone number

john@jmitchellfinancial.com

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

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

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SECRETARY OF STATE

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: Mayor Cleaning Service, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
4207 W. Woodlawn Ave
Tampa FL 33614

Mailing address, if different is:
Mitchell Financial, Inc.
27221 State Rd. 56, Suite 147
Wesley Chapel FL 33544

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide quality housekeeping services to individuals and businesses.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Inocente Vences, President</u>	Name and Title: _____
Address: <u>4207 W. Woodlawn Ave</u>	Address: _____
<u>Tampa FL 33614</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: John Mitchell
Address: 27221 State Rd. 56, Suite 147
Wesley Chapel FL 33544

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Inocente Vences
Address: 4207 W. Woodlawn Ave
Tampa FL 33614

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

01/05/2012
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.

Inocente Vences
Required Signature/Incorporator

01/05/2012
Date

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