

P12000048847

(Requestor's Name)

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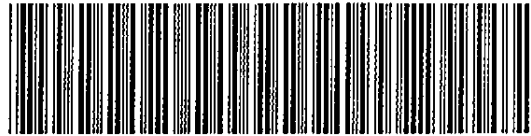
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

UH

## COVER LETTER

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

SUBJECT: Customized 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: Veronica McGhee Scott  
Name (Printed or typed)  
P.O. BOX 5495  
Address  
Tallahassee, FL 32314  
City, State & Zip  
(850) 321-9307  
Daytime Telephone number  
Veronica196447@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: Customized Cleaning Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
4540 Westley Drive  
Tallahassee, FL  
32303

Mailing address, if different is:  
P.O. Box 5495  
Tallahassee, FL  
32304

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

## ARTICLE IV SHARES

The number of shares of stock is: 1

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>CEO, Veronica M. Scott</u>	Name and Title: _____
Address: <u>P.O. Box 5495</u>	Address: _____
<u>Tallahassee, FL</u>	_____
<u>32304</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: Veronica McShree Scott  
Address: P.O. Box 5495  
4540 Westley Drive  
Tallahassee, FL 32304  
32303

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Veronica McShree Scott  
Address: P.O. Box 5495  
P.O. Box 5495  
Tallahassee, FL 32304

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

Veronica McShree Scott  
Required Signature/Registered Agent

5/25/12  
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.

Veronica McShree Scott  
Required Signature/Incorporator

5/25/12  
Date