

P12000069222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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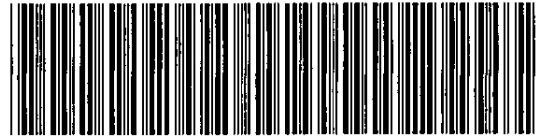
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/10/12--01008--015 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 10 PM 1:15

PS 8/13/12

COVER LETTER

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

SUBJECT: G&G Apartment Detailers 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
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ADDITIONAL COPY REQUIRED

FROM: Gina Hibbard
Name (Printed or typed)

14003 Postime Drive
Address

Jacksonville Beach, FL 32250
City, State & Zip

(904)586-5561
Daytime Telephone number

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be:

G&G Apartment Detailers Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
14003 Postime Drive
Jacksonville Beach, FL 32250

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning

ARTICLE IV SHARES

The number of shares of stock is: **500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Gina Hibbard, President**
Address: **14003 Postime Drive**
Jacksonville Beach, FL 32250

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: **Gina Hibbard**
Address: **14003 Postime Drive**
Jacksonville Beach, FL 32250

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

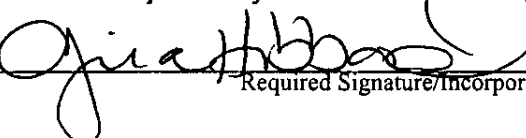
Name: **Gina Hibbard**
Address: **14003 Postime Drive**
Jacksonville Beach, FL 32250

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

08/01/2012
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.


Required Signature/Incorporator

08/01/2012
Date