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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Rebecca's Potts Cleaning Services 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: Rebecca Potts ~~Cleaning Services Inc~~
Name (Printed or typed)

1350 Bladon Ave
Address

Delton FL 32738
City, State & Zip

386-574-8670
Daytime Telephone number

RPotts9@CFL.RP.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: Rebecca Potts Cleaning Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1350 Bladon Ave
Deltona FL 32738

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For a Profession corporation

ARTICLE IV SHARES

The number of shares of stock is: 2000 ~~1000~~ 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rebecca Potts
Address: 1350 Bladon Ave
Deltona FL 32738

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: Rebecca Potts
Address: 1350 Bladon Ave
Deltona FL 32738

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rebecca Potts
Address: 1350 Bladon Ave
Deltona FL 32738

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

[Signature]

Required Signature/Registered Agent

1-12-2012

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.

[Signature]

Required Signature/Incorporator

1-12-2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA