

P13000022945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

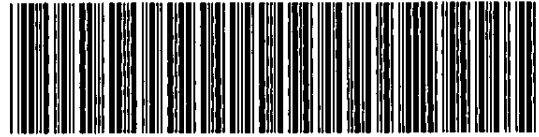
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200245559122

03/13/13--01002--012 **87.50

RECEIVED
13 MAR 13 AM 10:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 MAR 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

α 03/13/13

COVER LETTER

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

SUBJECT: Best Choice Professional Cleaners
(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
ADDITIONAL COPY REQUIRED	

FROM: Kristina Williams
Name (Printed or typed)

3481 Fred George Road
Address

Tallahassee FL 32303
City, State & Zip

(850) 408 2673
Daytime Telephone number

bestchoiceprofessionals@gmail.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: Best Choice Professional Cleaners, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3481 Fred George Road

Tallahassee Fl 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: cleaning service

ARTICLE IV SHARES

The number of shares of stock is: single (1)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristina Williams-president Name and Title: _____

Address 3481 Fred George Road Address: _____

Tallahassee Fl 32303 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
13 MAR 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(conti.)

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: Kristina Williams
 Address: 3481 Fred George Road
Tallahassee FL 32303

FILED
 13 MAR 13 AM 10:30
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Kristina Williams
 Address: 3481 Fred George Rd
Tallahassee FL 32303

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

BK:3Williams _____ 3/13/13
 Required Signature/Registered Agent 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.

BK:3Williams _____ 3/13/13
 Required Signature/Incorporator Date