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(Red	questor's Name)			
obA)	dress)			
(Add	dress)			
(City	//State/Zip/Phon	re #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Doc	cument Number)		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
Office Use Only				



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SECRETARY OF STATE

TALLAHASSEE, FLOW

T. Buron MAR 1.8 2013

COVER LETTER

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

SUBJECT: Wendy Harris Cleaning Services Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: W	endy Harris		
	Name	e (Printed or typed)	
42	22 NW Concord	Dr	
	4	Address	
P	ort St.Lucie EL 3	34983	

Daytime Telephone number jupitercpa@gmail.com E-mail address: (to be used for future annual report notification)

City, State & Zip

772-370-4432

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)

icte ii P. 2 NW Cor	RINCIPAL OFFICE Principal street address ACORD Dr	Mail	ling address, if different is:
rt St Luci	e, FL 34983		
	IRPOSE th the corporation is organized is: awful business.		
			13 HA SECRITALLIA
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	, ,		造 8
	HARES of stock is:		
Name and T	iitial officers and/or director itle: Wendy Harris President	Name and Title:	
ricle v in	IITIAL OFFICERS AND/OR DIRECTOR	_	
Name and T	IITIAL OFFICERS AND/OR DIRECTOR tile: Wendy Harris President 422 NW Concord Dr	Name and Title:	
Name and To	IITIAL OFFICERS AND/OR DIRECTOR tile: Wendy Harris President 422 NW Concord Dr	Name and Title: Address:	
Name and To	Wendy Harris President 422 NW Concord Dr Port St Lucie,FL34983	Name and Title: Address: Name and Title:	
Name and Total Address Name and Total Address	Wendy Harris President 422 NW Concord Dr Port St Lucie,FL34983	Name and Title: Address: Name and Title: Address:	
Name and Total Address Name and Total Address	Wendy Harris President 422 NW Concord Dr Port St Lucie,FL34983	Name and Title: Address: Name and Title: Address:	

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		·
The name and Fi	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Wendy Harris	_	
Address:	422 NW Concord Dr	_	IN 13
	Port St Lucie,FL34983		EARLY F
ARTICLE VII	INCORPORATOR	٠.,	AN OFF
The name and ad	dress of the Incorporator is:		SIA FI
Name:	Wendy Harris		05
Address:	422 NW Concord Dr	<u></u>	
	Port St Lucie, FL34983		
Having been nan this certificate, I d	ned as registered agent to accept service of proce am familiar with and accept the appointment as re	ss for the above stated corp gistered agent and agree to	poration at the place designated in oct in this capacity
X/We	Required Signature/Registered Agent		X.3.8-13
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo		
Xh	Required Signature/Incorporator		X 3-6-13
	Required Signature/Incorporator		Date