

PI3000025275

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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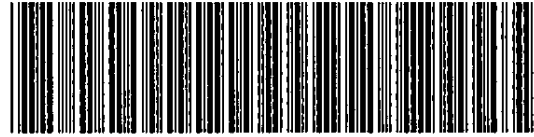
(Business Entity Name)

(Document Number)

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13 MAR 15 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1113-9528

MD 3/19



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2013

BARBARA CORNELL
8331 CORNEY DR.
PORT RICHEY, FL 34668

SUBJECT: A-1 JANITORIAL SERVICE INC
Ref. Number: W13000009528

We have received your document for A-1 JANITORIAL SERVICE INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P11000037730 - A1 JANITORIAL SERVICES INC..

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 813A00003819

COVER LETTER

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

CORNEll
SUBJECT: ~~XXXX~~ JANITORIAL 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: BARBARA CORNELL

Name (Printed or typed)

8331 CORNEY DR

Address

PORT RICHEY, FL 34668

City, State & Zip

727-326-7569

Daytime Telephone number

RNEEDHAM2@TAMPABAY.RR.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:

Cornell
JANITORIAL SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

8331 CORNEY DR

Mailing address, if different

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

JANITORIAL SERVICES AND FOR ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

BARBARA CORNELL P

Name and Title:

KENNETH CORNELL VP

Address

8331 CORNEY DR

Address:

8331 CORNEY DR

PORT RICHEY, FL 34668

PORT RICHEY, FL 34668

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BARBARA CORNELL

Address: 8331 CORNEY DR

PORT RICHEY, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BARBARA CORNELL

Address: 8331 CORNEY DR

PORT RICHEY, FL 34668

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

Barbara Cornell

Required Signature/Registered Agent

2-1-13

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.

Barbara Cornell

Required Signature/Incorporator

2-1-13

Date