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(Business Entity Name)

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Special Instructions to Filing Officer:

Amanda Houser GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 3/22/13
DOC. EXAM MRS

Office Use Only

FILED
13 MAR 21 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
3/22/13

COVER LETTER

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

SUBJECT: _____

Maid Spot, 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: _____

Amanda Houser

Name (Printed or typed)

8280 Princeton Square Blvd. W. Ste #6

Address

Jacksonville, FL 32256

City, State & Zip

904-900-1777

Daytime Telephone number

amanda@maidspot.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:

Maid Spot, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8280 Princeton Sq. Blvd. W. Sk #6
Jacksonville, FL
32256

Mailing address, if different as:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Residential & Commercial
Cleaning Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ammanda Houser

Name and Title:

Address

410 waterfront Dr.
St. Johns, FL
32259

Address:

Name and Title:

Daniel Houser

Name and Title:

Address

410 waterfront Dr.
St. Johns, FL, 32259

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

FILED

13 MAR 21 PM 1:42

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Amanda Houser

Address:

410 waterfront Dr.
St. Johns, FL 32259

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name:

Amanda Houser

Address:

410 waterfront Dr.
St. Johns, FL 32259

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

3/18/13

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.

[Signature]

Required Signature/Incorporator

3/18/13

Date