

PI3000054047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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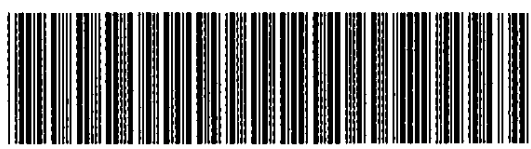
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 JUN 20 PM 12:42  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

4/19  
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W13-23083

**COVER LETTER**

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

**SUBJECT: A & N Janitorial 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: **Michael A. Sutton**

Name (Printed or typed)

**10941 Acorn Park Drive E.**

Address

**Jacksonville, FL 32218**

City, State & Zip

**904-554-9488**

Daytime Telephone number

**michaelantonio0861@yahoo.com ✓**

E-mail address: (to be used for future annual report notification)

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

13 JUN 20 PM 12:42

FILED

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2013

MICHAEL A. SUTTON  
10941 ACORN PARK DR E  
JACKSONVILLE, FL 32218

SUBJECT: A & N JANITORIAL SERVICES, INC.  
Ref. Number: W13000023083

RECEIVED  
13 JUN 20 PM 1:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for A & N JANITORIAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 313A00009475

**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: A & N Janitorial Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

A & N Janitorial Services, Inc  
10941 Acorn Park Drive E  
Jacksonville, FL 32218

Mailing address, if different is:

A & N Janitorial Services, Inc  
10941 Acorn Park Drive E  
Jacksonville, FL 32218

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Janitorial Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>Michael A Sutton (P)</u>	Name and Title:	_____
Address	<u>10941 Acorn Park Drive E</u> <u>Jacksonville, FL 32218</u>	Address:	_____

Name and Title:	<u>Rashaunda Sutton (VP)</u>	Name and Title:	_____
Address	<u>10941 Acorn Park Drive E</u> <u>Jacksonville, FL 32218</u>	Address:	_____

Name and Title:	<u>Rashanne Sutton (S)</u>	Name and Title:	_____
Address	<u>10941 Acorn Park Drive E</u> <u>Jacksonville, FL 32218</u>	Address:	_____

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TALLAHASSEE, FLORIDA

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: Michael A. Sutton

Address: 10941 Acorn Park Drive E  
Jacksonville, FL 32218

**ARTICLE VII INCORPORATOR**

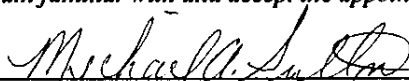
The **name and address** of the Incorporator is:

Name: Michael A. Sutton


Address: 10941 Acorn Park Drive E  
Jacksonville, FL 32218

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 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

*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*

 _____ Required Signature/Registered Agent	<u>3/25/13</u> _____ Date
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*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.*

 _____ Required Signature/Incorporator	<u>3/25/13</u> _____ Date
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