

P13000080379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

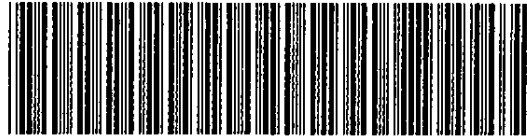
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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Office Use Only



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09/12/13--01020--012 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 27 PM 3:08

[Handwritten signature] 9/11/13

COVER LETTER

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

SUBJECT: didovic cleaning 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: suada kantarevic

Name (Printed or typed)

5937 loran dr.n

Address

jacksonville FL 32216

City, State & Zip

904-314-2035

Daytime Telephone number

nihadkantarevic@aol.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 27 PM 3:08

ARTICLE I NAME
The name of the corporation shall be: didovic cleaning services, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

5937 Loran Dr. N.
Jacksonville, FL 32216

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide cleaning services for businesses and residential customers

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suada Kantarevic → President, V. President Name and Title: _____

Address 5937 Loran Dr. N Address: _____
Jacksonville, FL 32216

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: _____

ARTICLE VI REGISTERED AGENT

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

Name: suada kantarevic

Address: 5937 loran dr.n
jacksonville fl.32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: suada kantarevic

Address: 5937 loran dr.n
jacksonville fl.32216

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

Suada Kantarevic
Required Signature/Registered Agent

9/9/13
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.

Suada Kantarevic
Required Signature/Incorporator

9/9/13
Date