## D 30085456

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(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
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SECRETARY OF STATE OIVISION OF CORPORATIONS

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2013

DORIS J JOHNSON 2330 CRAWFORD AVE NAPLES, FL 34114

SUBJECT: JANIE'S CLEANING SERVICE OF COLLIER, INC.

Ref. Number: W13000053883



We have received your document for JANIE'S CLEANING SERVICE OF COLLIER, 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):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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.

Pamela Smith Regulatory Specialist II

Letter Number: 213A00022779

## **COVER LETTER**

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

SUBJECT: JAN	IE'S CLEANING S	SERVICE OF C	OLLIER, INC
50B0201.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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
		ADDITIONAL CO	- TREQUIRED
FROM: D	oris J Johnson	(D:: 4-4	
2:	330 Crawford Av	e (Printed or typed)	
.—		Address	

Naples, FL. 34114

239-398-3667

Sania Som ton 67 a Jahon Com
E-mail address: (to be used for future annual report notification)

City, State & Zip

Daytime Telephone number

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)

SECRETARY OF STATE NS

CLE I NA		-13 OCT	/ PM
CLE II PR	INCIPAL OFFICE Principal street address	Mailing address, if different is:	
0 Crawfor	• ———	Maning address, if different is	
oles, Fl. 3			
CLE III PUR	RPOSE Clear	ing Service	<u></u>
rpose for which	the corporation is organized is: Clear	ing dervice	
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CIFNI SU	ADTS		,
CLE IV SH	ARES 100		
		· ·	,
CLE V INI	TIAL OFFICERS AND/OR DIRECT		
CLE V IN	TIAL OFFICERS AND/OR DIRECT le: Doris J Johnson Preside		
CLE V INI	TIAL OFFICERS AND/OR DIRECT Let Doris J Johnson Preside 2330 Crawford Ave.		
CLE V IN	TIAL OFFICERS AND/OR DIRECT le: Doris J Johnson Preside	nt Name and Title:	
CLE V IN	TIAL OFFICERS AND/OR DIRECT Let Doris J Johnson Preside 2330 Crawford Ave.	nt Name and Title:	
CLE V INI Name and Titl Address	Doris J Johnson President 2330 Crawford Ave. Naples, Fl. 34117	Name and Title:  Address:	
Name and Title Address	Doris J Johnson President 2330 Crawford Ave. Naples, Fl. 34117	Name and Title:  Name and Title:  Name and Title:	
CLE V INI Name and Titl Address	Doris J Johnson President 2330 Crawford Ave. Naples, Fl. 34117	Name and Title:  Name and Title:  Name and Title:	
Name and Title Address	Doris J Johnson President 2330 Crawford Ave. Naples, Fl. 34117	Name and Title:  Name and Title:  Address:  Address:	
Name and Title Address	TIAL OFFICERS AND/OR DIRECT le: Doris J Johnson Preside 2330 Crawford Ave. Naples, Fl. 34117	Name and Title:  Name and Title:  Address:  Address:	
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECT le: Doris J Johnson Preside 2330 Crawford Ave. Naples, Fl. 34117	Name and Title:  Address:  Name and Title:  Address:	
Name and Title Address  Name and Title Address	TIAL OFFICERS AND/OR DIRECT le: Doris J Johnson Preside 2330 Crawford Ave. Naples, Fl. 34117	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Name and	Title:	Name and Title:_	13 OCT 17 PH 2: 49
Address		Address:	
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	*		
ARTICLE VI	REGISTERED AGENT	the mediatemed as an	4 i
	orida street address (P.O. Box NOT acceptable) of Doris J Johnson	ine registered agen	t is;
Name: Address:	2330 Crawford Ave.		
Address.	Naples, Fl. 34117		
			•
ARTICLE VII	INCORPORATOR		
The name and add	dress of the Incorporator is:	J. JOH	INSON
Name:			B-
Address:	2330 Crawford Ave.		••
	Naples, Fl. 34117		
	ned as registered agent to accept service of process j un familiar with and accept the appointment as regi		
_O ois	Required Signature/Registered Agent		<u>4-23-2013</u> Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felony	rue. I am aware ti	
Do	Recorded Signature/Incorporator		9-23-2013