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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 OCT 25 1PM 1-34

Rs 10/28/13

## COVER LETTER

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

SUBJECT: **JAMES WAUGH - ALL PRO JANITORIAL, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **JAMES R. WAUGH**  
Name (Printed or typed)  
**5039 E. PARSONS POINT ROAD**  
Address  
**HERNANDO, FL. 34442**  
City, State & Zip  
**352-586-8740**  
Daytime Telephone number  
**JIMSFLOORCARE@YAHOO.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)

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**ARTICLE I NAME**

The name of the corporation shall be:

JAMES WAUGH - ALL PRO JANITORIAL, INC.

13 OCT 25 PM 1:34

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5039 E. PARSONS POINT ROAD

HERNANDO, FL. 34442

Mailing address, if different is:

5039 E. PARSONS POINT ROAD

HERNANDO, FL. 34442

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL PURPOSE JANITORIAL SERVICE

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

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

Name and Title: JAMES R. WAUGH - PRESIDENT

Name and Title: \_\_\_\_\_

Address 5039 E. PARSONS POINT ROAD

Address: \_\_\_\_\_

HERNANDO, FL. 34442

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: 13 OCT 25 PM 1:34  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

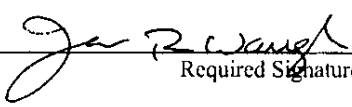
Name: JAMES R. WAUGH  
Address: 5039 E. PARSONS POINT ROAD  
HERNANDO, FL. 34442

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

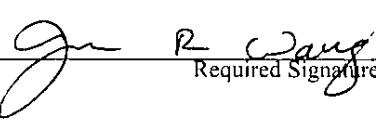
Name: JAMES R. WAUGH  
Address: 5039 E. PARSONS POINT ROAD  
HERNANDO, FL. 34442

*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*

X   
Required Signature/Registered Agent

X 10-22-13  
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.*

X   
Required Signature/Incorporator

X 10-22-13  
Date