

P/40000/5868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

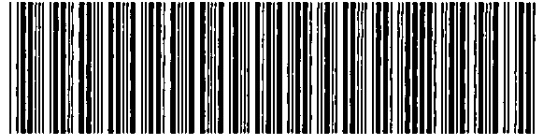
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RECEIVED
14 FEB 20 PM 2:10
DIVISION OF CORPORATION

14 FEB 20 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

[Handwritten signature]
2-26-14

COVER LETTER

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

SUBJECT: ALMIGHTY CLEANING SERVICE
(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: CHRISTIA Simmons
Name (Printed or typed)

1630 BALKIN Rd. Lot #46
Address

TALLAHASSEE, Florida 32305
City, State & Zip

850-765-1488 or cell 850-688-0656
Daytime Telephone number

Christiasimmons30@gmail.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: Almighty Cleaning Service Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1630 Balkin Rd. Lot 46

Tallahassee

Florida 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CLEANING and CLEAN outs w/con-
struction CLEAN ups

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christa Simmons / Almighty Name and Title: _____

Cleaning Service
Address: 1630 Balkin Rd. Lot 46 Address: _____

Tallahassee, - P

FL 32305

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

14 FEB 20 PM 2:21
STATE
FLORIDA
APPROVED
FILED

(cont.)

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: CHRISTIA SIMMONS
Address: 1630 Balkin Rd. lot #46
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christia Simmons
Address: 1630 BALKIN Rd. Lot 46
Tallahassee FL 32305

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

MP Christia Simmons
Required Signature/Registered Agent

2-20-14
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.

MP Christia Simmons
Required Signature/Incorporator

2-20-14
Date