

P/4000018718

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: Cascade Cleaning Solutions 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: Robert Norton III
Name (Printed or typed)

905 Angela Drive
Address

Tallahassee, Florida 32305
City, State & Zip

(850) 322-8048
Daytime Telephone number

robertnorton73@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: Cascade Cleaning Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

905 Angela Drive

N/A

Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide residential and commercial cleaning services to individuals and businesses for profit.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert Norton, III (owner)

Name and Title: Kenyari Jackson, Co. Owner

Address: 905 Angela Drive
Tallahassee, FL
32305

Address: 905 Angela Drive
Tallahassee, FL
32305

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:

Robert Norton

Address:

905 Angela Dr.
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Robert Norton

Address:

905 Angela Dr.
Tallahassee FL 32305

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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

[Signature]
Required Signature/Registered Agent

02/28/14
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.

[Signature]
Required Signature/Incorporator

02/28/14
Date