

P/4000034379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

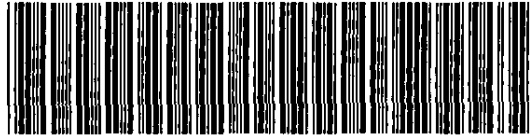
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
ADDED TERM "100" TO  
ARTICLE IV (SHARES) PER  
TELEPHONE CONVERSATION  
WITH MARY A. AILMANO.  
*[Signature]* 04/17/14

Office Use Only



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04/16/14--01005--015 \*\*78.75

FILED  
14 APR 16 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Signature]* 04/17/14

**COVER LETTER**

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

SUBJECT: ARMAND Professional 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: MARY A. ARMAND  
Name (Printed or typed)

277 Cypress Trace  
Address

ROYAL PALM BEACH, FL 33411  
City, State & Zip

561-635-0011  
Daytime Telephone number

MAIR0819@201.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: Armand Professional Cleaning Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

277 Cypress Trace  
Royal Palm Beach, FL  
33411

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Provide Residential And Commercial Cleaning Services.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: MARY A. ARMAND, President Name and Title: \_\_\_\_\_

Address: 277 Cypress Trace Address: \_\_\_\_\_  
RPB FL 33411

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

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

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

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

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14 APR 16 AM 11:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: MARY A. ARMAND  
 Address: 277 CYPRESS TRACE  
RPB, FL 33411

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARY A. ARMAND  
 Address: 277 CYPRESS TRACE  
RPB FL 33411

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

M. Armand \_\_\_\_\_ Date \_\_\_\_\_  
 Required Signature/Registered Agent

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.

M. Armand \_\_\_\_\_ Date \_\_\_\_\_  
 Required Signature/Incorporator