

P/1400050590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

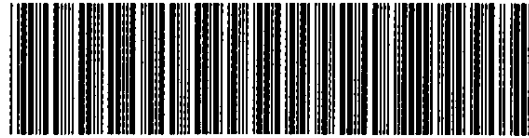
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

22

COVER LETTER

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

SUBJECT: **Artlan Executive 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 ☒ \$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
ADDITIONAL COPY REQUIRED	

FROM: **Bridget Nolan**
Name (Printed or typed)
111 S. Franklin Ave Unit 216
Address
Valley Stream, NY 11582
City, State & Zip
(516)451-3437
Daytime Telephone number
info@artlanexecutivecleaning.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: Artlan Executive Cleaning Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3561 SW 142nd Ave

Miramar, FL 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: provide cleaning and janitorial services to commercial and residential customers.

ARTICLE IV SHARES 200

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Bridget Nolan: President

Address: 111 S Franklin Ave Unit 216
Valley Stream, NY 11582

Name and Title: Sonia DaCosta: Secretary

Address: 111 S. Franklin Ave Unit 216
Valley Stream, NY 11582

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: Leonie Williamson

Address: 3561 SW 142nd Ave

Miramar, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bridget Nolan

Address: 111 S. Franklin Ave Unit 216

Valley Stream, NY 11582

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


Required Signature/Registered Agent

6-4-2014
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.


Required Signature/Incorporator

5/15/14
Date