

P/4000053132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

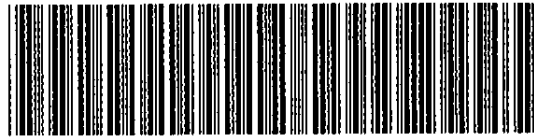
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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JUN 20 2014

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JUN 20 2014

COVER LETTER

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

SUBJECT: GLASS HOUSE DETAILING / KEEP IT CUT, KEEP IT CLEAN!
(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: JEAN E. LOUISSAINT
Name (Printed or typed)

2819 DUMONT DRIVE
Address

TALLAHASSEE FL 32312
City, State & Zip

(850) 567-0841 / 766-6034
Daytime Telephone number

famuz528@gmail.com / jlouissaint5418@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)

ARTICLE I NAME

The name of the corporation shall be: GLASS HOUSE DETAILING/KEEP IT CUT, KEEP IT CLEAN Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2819 Dumont Drive
Tallahassee, FL 32312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clean cars and take care of lawns.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jean E. Louissaint Name and Title: _____

Address 2819 Dumont Drive Address: _____
D Tallahassee, FL 32312

Name and Title: Pascalee Charles Name and Title: _____

Address 6053 Button willow Ln Address: _____
D Tall, FL 32305

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

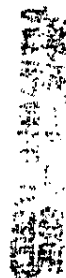
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jean E. Lovissaint
Address: 2819 Dumont Drive
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jean E. Lovissaint
Address: 2819 Dumont Drive
Tallahassee, FL 32312



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JUN 20 2014

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

Jean E. Lovissaint
Required Signature/Registered Agent

6/20/2014
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.

Jean E. Lovissaint
Required Signature/Incorporator

6/20/2014
Date