

P14000080021

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

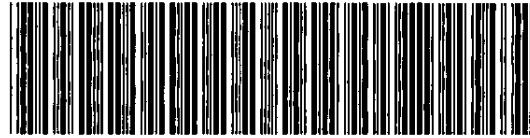
(Document Number)

Certified Copies _____

Certificates of Status _____

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COVER LETTER

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

SUBJECT: NORTH AMERICAN 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:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75
Filing Fee	Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL COPY REQUIRED	

FROM: Byron Triplett
Name (Printed or typed)

1207 Woodcrest Ave.
Address

Safety Harbor, FL. 34695
City, State & Zip

813 404-1385
Daytime Telephone number

Btrip07@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: NORTH AMERICAN CLEANING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1207 WOODCREST AVE.
SAFETY HARBOR, FL.
34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLEANING SERVICES business
FOR COMMERCIAL AND RESIDENTIAL PROPERTIES

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>BYRON TRIPLETT - PRESIDENT</u>	Name and Title:	<u>LAMAR DOLA - VP</u>
Address	<u>1207 WOODCREST AVE.</u> <u>SAFETY HARBOR, FL.</u> <u>34695</u>	Address:	<u>15805 KNOLLVIEW DR.</u> <u>TAMPA, FL.</u> <u>33624</u>

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: Byron Triplett
Address: 1207 Woodcrest Ave.
Safety Harbor, FL. 34695

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Byron Triplett
Address: 1207 Woodcrest Ave.
Safety Harbor, FL. 34695

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

Byron S. Triplett
Required Signature/Registered Agent

9/24/2014
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.

Byron S. Triplett
Required Signature/Incorporator

9/24/2014
Date