

PA000085576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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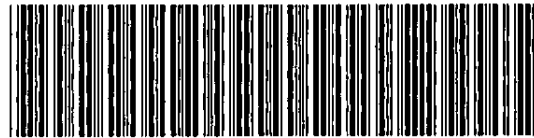
(Business Entity Name)

(Document Number)

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

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14 OCT 20 PM 1:23  
DIVISION OF CORPORATIONS

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SECTION 220, STATE  
TREASURER'S OFFICE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

PARKER 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: \_\_\_\_\_

Jimmy PARKER  
Name (Printed or typed)

9331 APLOMADO CIRCLE  
Address

JACKSONVILLE, FL 32210  
City, State & Zip

904-228-2205  
Daytime Telephone number

CLUNT PARKER @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: J. PARIKEN CLEANING SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9331 APLOMADO CIRCLE  
JACKSONVILLE, FL

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: COMMERCIAL CLEANING

**ARTICLE IV SHARES**

The number of shares of stock is: 900

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

Name and Title: Jimmy PARIKEN PRESIDENT Name and Title: \_\_\_\_\_

Address: 9331 APLOMADO CIRCLE Address: \_\_\_\_\_

JACKSONVILLE, FL 32210

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

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

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

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

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FL 32204

(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: Jimmy Parker

Address: 9331 Aplomado Circle  
Jacksonville, FL 32210

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jimmy Parker

Address: 9331 Aplomado Circle  
Jacksonville, FL 32210

*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

10-20-2014  
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.*

[Signature]  
Required Signature/Incorporator

10-20-2014  
Date

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