

PA000094588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

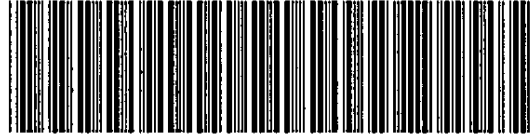
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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MAIL ROOM  
FBI - TAMPA

## COVER LETTER

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

SUBJECT: Clean Sweep, 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: Teresa D. Hire  
Name (Printed or typed)

764 Lindo Lane  
Address

Port St Lucie FL 34952  
City, State & Zip

(772) 486-7769  
Daytime Telephone number

\_\_\_\_\_  
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: Clean Sweep, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

764-Lindo Lane  
Port St. Lucie FL 34952

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

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide janitorial services  
to business and Residential facilities.

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

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 (one-thousand)

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

Name and Title:	<u>Teresa D. Hire, Pres</u>	Name and Title:	<u>Teresa D. Hire, Dir.</u>
Address	<u>764 Lindo Lane</u>	Address:	<u>764-Lindo Lane</u>
	<u>Port St Lucie FL 34952</u>		<u>Port St Lucie FL 34952</u>

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

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

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FBI - PORT ST LUCIE

(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: Teresa D. Hire

Address: 764-Lindo Lane

Port St Lucie FL 34952

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GLORIA A. DECKER

Address: 2417- S.E. CAMARIN ST

Port St Lucie FL 34952

*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*

Teresa D. Hire

Required Signature/Registered Agent

11-17-14

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.*

Gloria A. Decker

Required Signature/Incorporator

11/17/14

Date

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11/17/14