

PA 000099467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

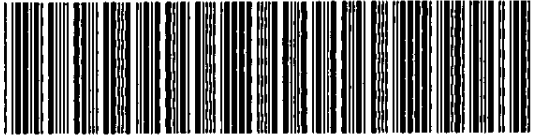
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
14 DEC 12 PM 3:17
DIVISION OF CORPORATION

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14 DEC 12 PM 3:25
TALLAHASSEE OFFICE
FLORIDA

APPROVAL
AND
FILED

COVER LETTER

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

SUBJECT: Sylvia Lewis Cleaning Service 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: Sylvia Lewis
Name (Printed or typed)
906 Dade Street
Address
Tallahassee, FL. 32304
City, State & Zip
(850) 408-0603
Daytime Telephone number
N/A
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: Sylvia Lewis Cleaning Service Service
Service Service INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

906 Dade Street
Tallahassee, FL, 32304

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful
Business

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sylvia Lewis Name and Title: President

Address 906 Dade St Address: _____
Tallahassee, FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRET
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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: Sybra Lewis
 Address: 906 Dade Street
Tallahassee, FL.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sybra Lewis
 Address: 906 Dade Street
Tallahassee

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

Sybra Lewis _____ Date 12-12-14
 Required Signature/Registered Agent

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.

Sybra Lewis _____ Date 12-12-14
 Required Signature/Incorporator

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