

P15000017651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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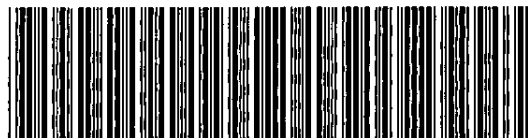
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 FEB 23 PM 4:45
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

COVER LETTER

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

SUBJECT: Superb Cleaning and Property Preservation, 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:

Tina Allen

Name (Printed or typed)

312 Great Lakes Street

Address

Tallahassee, FL 32305

City, State & Zip

(850) 320-1253 or (850) 212-8572

Daytime Telephone number

Superbcleaningservice@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: Superb Cleaning and property preservation
INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

312 Great Lakes St.
Tallahassee, Florida
32305

5744 Cypress Circle
Tallahassee, FL
32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning and property
maintenance

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Tina Allen-Isom ^{Vice-}
(President)

Address

5744 Cypress Cir
Tallahassee, Fla
32303

Name and Title:

Teely Isom ^{President}

Address:

5744 Cypress Cir
Tallahassee, FL
32303

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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:

~~FRANCIS J. ISOM~~ / Terry Isom

Address:

5744 Cypress Circle
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

~~FRANCIS J. ISOM~~ Terry Isom

Address:

5744 Cypress Circle
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Terry Isom
Required Signature/Registered Agent

2/23/15
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.

Terry Isom
Required Signature/Incorporator

2/23/15
Date