

PI5000019651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

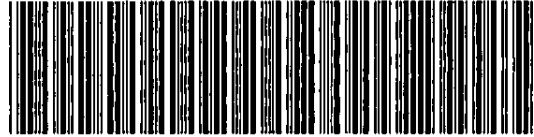
(Business Entity Name)

(Document Number)

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

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02/17/15--01017--003 \*\*78.75

15 MAR -2 AM 8:58  
STATE  
OF FLORIDA

W/15-12614

MD 3/3

## COVER LETTER

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

SUBJECT: TAMMIE'S ELITE 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: TAMMIE WILLIAMS  
Name (Printed or typed)

3451 ELKREEM AVE  
Address

NORTH PORT, FLORIDA 34286  
City, State & Zip

(941) 219-9845  
Daytime Telephone number

WTAMMIE@GMAIL.COM  
E-mail address (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2015

TAMMIE WILLIAMS  
3451 ELKREM AVE.  
NORTH PORT, FL 34286

SUBJECT: TAMMIE'S ELITE CLEANING SERVICES INC.  
Ref. Number: W15000012614

We have received your document for TAMMIE'S ELITE CLEANING SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 215A00003628

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: Tammie's ELITE Cleaning Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3451 Elkrem Ave  
North Port FL 34286

3451 Elkrem Ave  
North Port FL 34286

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Business Professional -  
Residential / Construction cleaning

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tammie Williams / President Name and Title: \_\_\_\_\_

Address 3451 Elkrem Ave Address: \_\_\_\_\_  
North Port FL 34286

Name and Title: George Hendricks / Vice President Name and Title: \_\_\_\_\_

Address 3451 Elkrem Ave Address: \_\_\_\_\_  
North Port FL 34286

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: Tammie Williams  
Address: 3451 Elkrem Ave  
North Port FL 34286

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Tammie Williams  
Address: 3451 Elkrem Ave  
North Port FL 34286

RECEIVED  
15 MAR - 2 AM 8:58  
DEPARTMENT 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

Tammie Williams  
Required Signature/Registered Agent

2/27/15  
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.

Tammie Williams  
Required Signature/Incorporator

2/27/15  
Date