P150000037521

(Requestor's Name)				
(Address)				
(Addı	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nar	me)		
(Docu	ument Number)			
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	3/20)		

Office Use Only

1115-1475



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JOH

COVER LETTER

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

SUBJECT: Per	fectly Polished C	o.	
50DJEC1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	A I REQUIRED
FROM: T	amika Smith		
	Nam	e (Printed or typed)	
29	901 Langston Dr	ive	
 -		Address	
F	ort Pierce, FI 349	346	
	City	State & Zip	
77	72-882-1835		
	Daytime 7	elephone number	

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

tsmith1125@hotmail.com

E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2015

TAMIKA SMITH 2901 LANGSTON DRIVE FORT PIERCE, FL 34946

SUBJECT: PERFECTLY POLISHED CO.

Ref. Number: W15000014755

We have received your document for PERFECTLY POLISHED CO. 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 215A00004250

COVER LETTER

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

suвлест: Per	fectly Polished C		C/ Service
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation an	d a check for:
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: T	amika Smith		
	Nam	e (Printed or typed)	
29	901 Langston Dr	ive	
		Address	
Fo	ort Pierce, Fl 349	946	
	City,	State & Zip	
77	72-882-1835		

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

Daytime Telephone number

tsmith1125@hotmail.com

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal street address Principal street address O1 Langston Drive T Pierce, FI 34946 ICLE III PURPOSE urpose for which the corporation is organized is: janitorial services for residential and commercial dwelling the composition of shares of stock is: CLE IV SHARES 1	ame of the corpor	ation shall be: Perfectly Polished	22. NAN' 40VI	<u>u, </u>	ervi	_ ~
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TICLE IV SHARES aumber of shares of stock is: TICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Name and Title: Address Ft. Pierce, Fl 34946 Name and Title: Name and Title: Address Address: Name and Title: Name and Title: Address Address: Name and Title: Name and Title: Name and Title: Address Address: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title: Name and Title:		· · · · · · · · · · · · · · · · · · ·	Mailing addre	ess, if differen	nt is:	
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Interest of shares of stock is: Tamika Smith-President Address Entertail Address Entertail Address Entertail Address Name and Title: Name and Title:	•			~67 연호		
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Name an	d Title:	Name and Title:	
Address		Address:	
	,		
ARTICLE VI	REGISTERED AGENT		
The <u>name and F</u> Name:	lorida street address (P.O. Box NOT acceptable) Tamika Smith	of the registered agent is:	
Address:	2901 Langston Drive		5
	Ft. Pierce, FI 34946	1000 1000 1000 1000 1000 1000 1000 100	· 22
ARTICLE VII	INCORPORATOR	7/1 00 11 11 11	3 PK
The name and ac	ddress of the Incorporator is:		ե ։ 21
Name:	Tamika Smith) († ** *
Address:	2901 Langston Drive		
	Ft. Pierce, FI 34946		
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r Required Signature/Registered Agent	registered agent and agree to act in this cap	
			L/aiç
I submit this doc document to the	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	re true. I am aware that the false informations as provided for in s.817.155, F.S.	ion submitted in a
1.0.	122	2/2	7/15
	Required Signature/Incorporator		Date