

P15000051072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

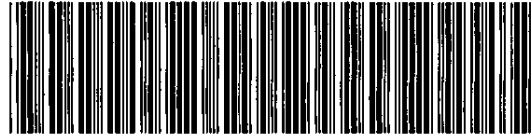
(Business Entity Name)

(Document Number)

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W15-37301

MD 6/12

COVER LETTER

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

SUBJECT: AMERASUS, INCORPORATED
(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: CLEO A. FIORE
Name (Printed or typed)
2400 EDISON AVENUE
Address
FORT MYERS, FL 33901
City, State & Zip
(239) 297-4097
Daytime Telephone number
CLEO_h@COMCAST.NET
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

May 27, 2015

CLEO A. FIORE
2400 EDISON AVENUE
FORT MYERS, FL 33901

SUBJECT: AMERAUS, INCORPORATED
Ref. Number: W15000037301

We have received your document for AMERAUS, INCORPORATED and your check(s) totaling \$87.50. 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 a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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: 215A00011089

COVER LETTER

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

SUBJECT: AMERCAUS CLEANING COMPANY, 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: CLEO A. FIORE
Name (Printed or typed)

2400 EDISON AVENUE
Address

FORT MYERS, FL 33901
City, State & Zip

(239) 297-4097
Daytime Telephone number

CLEO - h@comcast.com
E-mail address: (to be used for future annual report notification)

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

* THE MONEY ORDER WAS SENT PREVIOUSLY.

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: AMER AUS CLEANING COMPANY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2400 EDISON AVENUE
FORT MYERS, FL 33901

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RESIDENTIAL / COMMERCIAL
CLEANING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLEO A. FIORE Name and Title: PRESIDENT

Address: 2400 EDISON AVENUE Address: _____
FORT MYERS FL
33901

Name and Title: CLEO A. FIORE Name and Title: VICE-PRESIDENT

Address: 2400 EDISON AVENUE Address: _____
FORT MYERS FL
33901

Name and Title: CLEO A. FIORE Name and Title: SECRETARY

Address: 2400 EDISON AVENUE Address: _____
FORT MYERS FL
33901

Name and Title: CLEO A. FIORE Name and Title: TREASURER
Address: 2400 EDISON AVENUE Address: _____
FORT MYERS FL _____
33901 _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: CLEO A. FIORE
Address: 2400 EDISON AVENUE
FORT MYERS, FL 33901

15 JUN 11 PM 12:28
RECEIVED
OFFICE OF THE CLERK
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CLEO A. FIORE
Address: 2400 EDISON AVENUE
FORT MYERS, FL 33901

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: DATE OF FILING (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Cleo A. Fiore 06-06-15
Required Signature/Registered Agent 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.

Cleo A. Fiore 06-06-15
Required Signature/Incorporator Date