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(Business Entity Name)

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15 OCT -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch OCT 15 2015

COVER LETTER

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

SUBJECT: Get Organized corp.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Franciele Pavei Rocha
Name (Printed or typed)

561 NE 45th PL
Address

Pompano Beach ,FL 33064
City, State & Zip

954-7015570
Daytime Telephone number

Franrocha86@hotmail.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: Get Organized corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

561 NE 45th PL

Pompano Beach ,FL 33064

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: House cleaning service .

ARTICLE IV SHARES

The number of shares of stock is: 1000

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Franciele Pavei Rocha, PT Name and Title: _____

Address 561 NE 45th PL Address: _____

Pompano Beach ,FL 33064 _____

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: Franciele Pavei Rocha
Address: 561 NE 45th PL
Pompano Beach ,FL 33064

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Franciele Pavei Rocha
Address: 561 NE 45th PL
Pompano Beach ,FL 33064

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the 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

Franciele Pavei Rocha

Required Signature/Registered Agent

09/29/2015

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.

Franciele Pavei Rocha

Required Signature/Incorporator

09/29/2015

Date