

P16000007701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

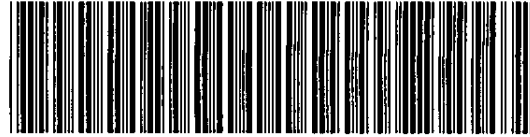
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



800280666058

01/11/16--01027--013 \*\*78.75

FILED  
16 JAN 11 PM 3:40  
STATE  
TALLAHASSEE, FLORIDA

JAN 27 2016

S. GILBERT

## COVER LETTER

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

**SUBJECT:** CLEANING CREWS, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** APRIL CANNON

\_\_\_\_\_  
Name (Printed or typed)

6951 TAMPICO RD SOUTH

\_\_\_\_\_  
Address

JACKSONVILLE, FL 32244

\_\_\_\_\_  
City, State & Zip

904-200-1860

\_\_\_\_\_  
Daytime Telephone number

cleaningcrews@att.net

\_\_\_\_\_  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: Cleaning Crews, Inc.

16 JAN 11 PM 3:40

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
JAN 10 2011  
MAILING ADDRESS, IF DIFFERENT IS:

6951 Tampico Rd South

Jacksonville, FL 32244

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: April Cannon/President

Name and Title: \_\_\_\_\_

Address 6951 Tampico Rd South

Address: \_\_\_\_\_

Jacksonville, FL 32244

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: Paul Crews \_\_\_\_\_

Address: 6951 Tampico Rd South \_\_\_\_\_

Jacksonville, FL 32244 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: April Cannon \_\_\_\_\_

Address: 6951 Tampico Rd South \_\_\_\_\_

Jacksonville, FL 32244 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2016. (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*



Required Signature/Registered Agent

1/4/16  
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.*



Required Signature/Incorporator

1/4/16  
Date