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16 FEB 16 AM 7:59
SECRETARY OF STATE
TALLAHASSEE FLORIDA

H. G. G. G.

COVER LETTER

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

SUBJECT: NOTRE DAME 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 ☐ \$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: LYNDA JEAN

Name (Printed or typed)

6260 NW 17TH CT

Address

SUNRISE FL 33313

City, State & Zip

754-242-8179

Daytime Telephone number

MULTISERVICE_LYNDA16@YAHOO.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

January 27, 2016

LYNDA JEAN
6260 NW 17TH COURT
SUNRISE, FL 33313

RECEIVED FEB 1 9 2016

SUBJECT: NOTRE DAME SERVICES INC
Ref. Number: W16000005837

We have received your document for NOTRE DAME SERVICES INC 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 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.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 216A00001828

my EIN # 81-0707522

Please make a correction on sunbiz.org
add my EIN # 81-0707522 please.

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: NOTRE DAME SERVICES INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE FLORIDA
Mailing address, if different is:

1400 SOUTH DIXIE HIGH WAY SUITE 2W

1400 SOUTH DIXIE HIGH WAY SUITE 2W

POMPANO BEACH FL 33060

POMPANO BEACH FL 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INCOME TAX, IMMIGRATION SERVICES, CERTIFYING ACCEPTANCE AGENT, PAYROLL,

NOTARY PUBLIC, TAG DEALER COURIER, REAL ESTATE.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LYNDIA JEAN PRESIDENT

Name and Title:

Address 6260 NW 17TH CT

Address:

SUNRISE FL 33313

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: LYNDIA JEAN _____

Address: 6260 NW 17TH CT _____

SUNRISE FL 33313 _____

ARTICLE VII INCORPORATOR

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

Name: LYNDIA JEAN _____

Address: 1400 SOUTH DIXIE HIGH WAY 2W _____

POMPANO BEACH FL 33060 _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

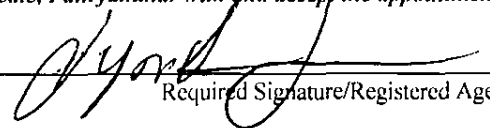
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/15/2015 (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

02/09/2016

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

02/09/2016

Date