

PI6000034950

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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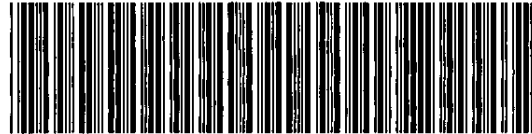
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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16 APR 15 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Quality Wise Maintenance 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: Betty Ward
Name (Printed or typed)
215 Roosevelt Sq.
Address
Oviedo, FL. 32765
City, State & Zip
407-718-6557
Daytime Telephone number
qualitywise@outlook.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: Quality Wise Maintenance Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

215 Roosevelt Sq.

Oviedo FL 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning and maintenance.

ARTICLE IV SHARES

The number of shares of stock is: 6

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Betty Ward, President

Name and Title: Todd Wise, Vice President

Address 215 Roosevelt Sq.

Address: 9830 Dean Woods Place

Oviedo, FL 32765

Orlando, FL 32825

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF CIRCUIT COURT
ALLEN COUNTY, INDIANA

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: Betty Ward

Address: 215 Roosevelt Sq.

Oviedo, FL. 32765

ARTICLE VII INCORPORATOR

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

Name: Betty Ward

Address: 215 Roosevelt Sq.

Oviedo FL. 32765

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

Betty A. Ward
Required Signature/Registered Agent

04/08/2016
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.

Betty A. Ward
Required Signature/Incorporator

04/08/2016
Date