

P16000038041

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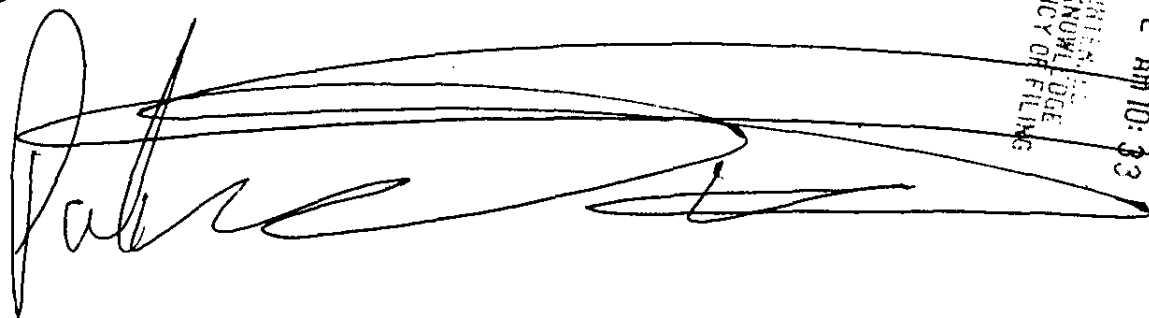
MAY 02 2016
T SCHROEDER

I Patricia Nicholson

Have no intention of
Reinstating Ann And Abe
Nicholson Cleaning Service Inc.

Doc # P1100000979

and I Release the
name.



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COVER LETTER

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

SUBJECT: Ann & ABE Nicholson cleaning Service 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: Pattina Nicholson
Name (Printed or typed)

3520 Sunbass Rd
Address

Tall, Fla, 32305
City, State & Zip

(850) 345-5796
Daytime Telephone number

gan570@yahoo.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: Ann & Abe nicholson cleaning Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3520 Sunbussed Rd
Tall, Fla, 32305

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Janitorial ag and all Lawful
Business

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia nicholson

Name and Title: owner / president

Address

3520 Sunbussed Rd

Address:

Name and Title: Abraham nicholson

Name and Title: owner

Address

3520 Sunbussed Rd
Tall, Fla, 32305

Address:

Name and Title:

Name and Title:

Address

Address:

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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:

Patricia Nicholson

Address:

3520 sunkissed Rd
Tallahassee FL, 32305

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

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

Name:

Patricia Nicholson

Address:

3520 sunkissed Rd
Tallahassee FL 32305

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

Patricia Nicholson

Required Signature/Registered Agent

5/2/16

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.

Patricia Nicholson Patricia Nicholson

Required Signature/Incorporator

5/2/16

Date