

P16000061107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

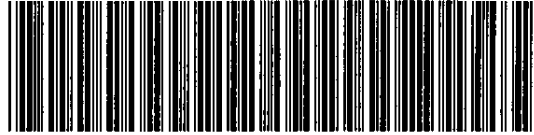
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/15/16--01019--002 **78.75

16 JUL 15 PM 2:19
STATE

07/25/16

COVER LETTER

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

SUBJECT: The Queen's Maid, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Claritza Montalvo
Name (Printed or typed)
1738 SW 51st Street
Address
Cape Coral, FL 33914
City, State & Zip
239-297-1553
Daytime Telephone number
claritzamontalvo@gmail.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 Queen's Maid, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address	Mailing address, if different is:
_____	_____
1738 SW 51st Street	1738 SW 51st Street
_____	_____
Cape Coral, FL 33914	Cape Coral, FL 33914
_____	_____

ARTICLE III PURPOSE To provide residential and commercial janitorial and cleaning services.
The purpose for which the corporation is organized is: _____

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ARTICLE IV SHARES 1
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claritza Montalvo, President	Name and Title: _____
Address 1738 SW 51st Street	Address: _____
Cape Coral, FL 33914	_____
_____	_____

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: Claritza Montalvo
 Address: 1738 SW 51st Street
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

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

Name: Claritza Montalvo
 Address: 1738 SW 51st Street
Cape Coral, FL 33914

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 DEPARTMENT OF STATE
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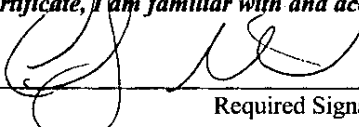
ARTICLE VIII EFFECTIVE DATE:

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

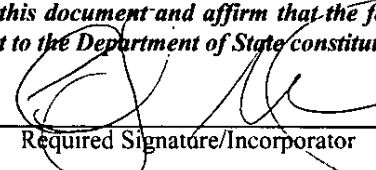


 Required Signature/Registered Agent

7/12/2016

 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

7/12/2016

 Date