

PI6 000076716

(Requestor's Name)

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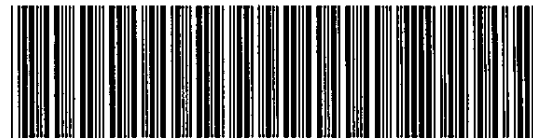
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
16 SEP 15 PM 2:33

09/19/16

COVER LETTER

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

SUBJECT: ALL CLEAR CLEANING II, 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: Tammy Grace

Name (Printed or typed)

1813 SW Salavatierra Boulevard

Address

Port Saint Lucie, FL 34987

City, State & Zip

772-204-6086

Daytime Telephone number

tammygrace@bellsouth.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)

ARTICLE I NAME

The name of the corporation shall be: ALL CLEAR CLEANING, II, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1813 SW Salvatierra Boulevard

Port Saint Lucie, FL 34987

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To create an in home and office cleaning service.

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ARTICLE IV SHARES

The number of shares of stock is: Five (500) Hundred

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tammy Grace, President

Name and Title: _____

Address 1813 SW Salvatierra Boulevard

Address: _____

Port Saint Lucie, FL 34987

Name and Title: Tammy Grace, Secretary/Treasurer

Name and Title: _____

Address 1813 SW Salvatierra Boulevard

Address: _____

Port Saint Lucie, FL 34987

Name and Title: Colleen Krecic, Director

Name and Title: _____

Address 11435 SW Hillcrest Circle

Address: _____

Port Saint Lucie, FL 34987

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: Tammy Grace

Address: 1813 SW Salvatierra Boulevard

Port Saint Lucie, FL 34987

ARTICLE VII INCORPORATOR

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

Name: Tammy Grace

Address: 1813 SW Salvatierra Boulevard

Port Saint Lucie, FL 34987

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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

Tammy Grace
Required Signature/Registered Agent

August 31, 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.

Tammy Grace
Required Signature/Incorporator

August 31, 2016
Date