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2016 OCT 17 PM 12:35  
SECRETARY OF STATE  
MILWAUKEE, WI

## COVER LETTER

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

**SUBJECT:** 4U2NV CLEANING 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:** TERESA CARROLL  
\_\_\_\_\_  
Name (Printed or typed)  
  
3008E JOHN ADAMS CT.  
\_\_\_\_\_  
Address  
  
JACKSONVILLE, FL 32221  
\_\_\_\_\_  
City, State & Zip  
  
904-894-0479  
\_\_\_\_\_  
Daytime Telephone number  
  
ENVYYES27@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 name of the corporation shall be: 4U2NV CLEANING SERVICES INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3008E JOHN ADAMS CT

JACKSONVILLE, FL 32221

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: TERESA CARROLL - PRESIDENT

Name and Title: \_\_\_\_\_

Address 3008E JOHN ADAMS CT

Address: \_\_\_\_\_

JACKSONVILLE, FL 32221

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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NOTARY PUBLIC  
TALLAHASSEE, FLORIDA

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: TERESA CARROLL \_\_\_\_\_

Address: 3008E JOHN ADAMS CT \_\_\_\_\_

JACKSONVILLE, FL 32221 \_\_\_\_\_

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TALLAHASSEE, FL 32304

**ARTICLE VII INCORPORATOR**

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

Name: TERESA CARROLL \_\_\_\_\_

Address: 3008E JOHN ADAMS CT \_\_\_\_\_

JACKSONVILLE, FL 32221 \_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:** 10/17/2016

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*

*Teresa Carroll*

Required Signature/Registered Agent

10/12/2016

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.*

*Teresa Carroll*

Required Signature/Incorporator

10/12/2016

Date