## P16000098020

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	_
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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EFFECTIVE DATE 14/09/16

12/13/16

## Terence N. Thurson Inc. Full Service Accounting Firm 8672 Phillips Highway Jacksonville, Florida 32253

Bay meadows Location: 9838 Old Bay meadows Road Suite 382 Jacksonville, Florida 32256 Tele 904-764-7717
Fax 904-652-0365
email <u>tntrlt1@bellsouth.net</u>
Web thursonaccounting.com

December 9, 2016

To whom it Concern:

Reference: Document Number: P10000093905 Immaculate Janitorial Services of North Florida Inc.

Errol S. Durrant 8937 Lem Turner Road. Jacksonville, FL 32208

The above reference individual is the owner of both corporations and has no plans on reinstating the old corporation. He would like to start a new corporation, but with the same name.

12 PH 2: 1:

ry truly yours,

Terence N. Thurson

Errol S. Durrant

## **COVER LETTER**

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

SUBJECT: //	IMMACULATE JANY (PROPOSED CORPORA	loxial services at	North Florido Ana
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	DPY REQUIRED
FROM:	,	e (Printed or typed)	
	8937 LEM /10	Address	
	Jacksonville FL		
_	2501) 76t-	777 elephone number	
_	E-mail address: (to be use	ellouthrel	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)

LEII PRINCI 137 LEM /	rincipal street address		Mailing a	iddress, i	f differen	tis: Ne⊆
JACKSMOULE & 32208			73r		314	
LE III PURPOS	<u>SE</u>					
	e corporation is organized is:					
	ON THE DESTRUCTION					
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ber of shares of s						U
ber of shares of s	OFFICERS AND/OR DIRECTORS  RRSiden					<u>.</u>
ber of shares of s $E V = INITIAI$ Name and Title:	OFFICERS AND/OR DIRECTORS  PRESIDEN 6  8937 LBM / Wum RO	Address:			/	_ 40
ber of shares of s E V INITIAL Name and Title:	OFFICERS AND/OR DIRECTORS  RRSiden	Address:			/ Dura	_{-
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Name and Title: Address	OFFICERS AND/OR DIRECTORS  PRESIDEN  8937 LEM / Hum Ro  July 12 32206	Address:  Name and Title:	8937 Jos	lem R	3700	_
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ther of shares of s  LE V INITIAL  Name and Title:  Address  Name and Title:  Address	OFFICERS AND/OR DIRECTORS  PRESIDEN  8937 LEM / Wum Ru  Jun A 32206	Address:  Name and Title: Address:	8937 Jos	lem R	37w	_ f1

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box I	NOT acceptable) of the registered agent is:
Name: ERROL S PARE	inno
Address: 8937 LRM / LM	irea Roal
Jun 14 321	2016 DEC
The name and address of the Incorporator is:	12 PH
Name: / lare N.	/ Ither
Address: 8672 Philip	Hay
JAC K	32156
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:  (If an effective date is listed, the date must be s	OPTIONAL) specific and cannot be more than five days prior or 90 days after the
filing.)	
Note: If the date inserted in this block does not not the document's effective date on the Department of	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
	t service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this caractly
[ End & fund	1c/9/61c
Required Signature/Reg	gistered Agent Date
I submit this document and affirm that the facts document to the pepartment of State constitutes a	s stated herein are true. I am aware that the false information submitted in a a third degree felony as provided for in s.817.155, F.S.
> landle	- 12/Vin
Required Signature/Incorporator	Date