

P170000 14182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

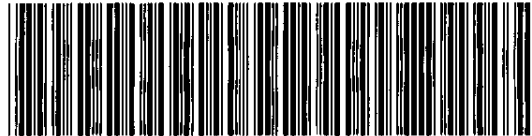
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____
(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: Sylvia Pritchard
Name (Printed or typed)
2775 Crawfordville Hwy
Address
Crawfordville, FL 32327
City, State & Zip
850-509-0623
Daytime Telephone number
LighthouseLady66@AOL.com
Email 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: Lighthouse Lady Cleaning Service inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2775 Crawfordville Hwy
Crawfordville, fl 32327

PO Box 446
Crawfordville, fl 32326

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Sylvia Pritchard</u>	<u>President</u>	Name and Title:	_____
Address:	<u>2775 Crawfordville Hwy</u>	_____	Address:	_____
	<u>Crawfordville fl 32327</u>	_____		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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SECRETARY OF STATE
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: Sylvia Pritchard

Address: 2775 Crawfordville Hwy
Crawfordville, FL 32327

ARTICLE VII INCORPORATOR

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

Name: Sylvia Pritchard

Address: 2775 Crawfordville Hwy
Crawfordville, FL 32327

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

Sylvia Pritchard
Required Signature/Registered Agent

02/15/17
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.

Sylvia Pritchard
Required Signature/Incorporator

02/15/17
Date

I do not plan to reinstate
Lighthouse Lady Cleaning Service, Inc. - Doc. #
P04000108650.

Thank you,
Sylvia Rutland