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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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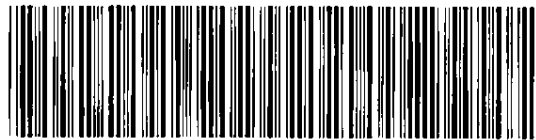
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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APR 14 2017

COVER LETTER

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

SUBJECT: ACM Cleaning Service Corp.
(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: Jma Claudina Nascimento Maciel de Sa
Name (Printed or typed)

4295 Sunbeam Road #711
Address

Jacksonville FL 32257
City, State & Zip

(904) 802-4333
Daytime Telephone number

maclaudianascimento@hclmail.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: JCM Cleaning Service Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4295 Sunbeam Road #1711
Jacksonville, FL 32257

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: cleaning services.

ARTICLE IV SHARES

The number of shares of stock is: 2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ana Claudia N. M. de Sa Name and Title: [REDACTED]

Address: 4295 Sunbeam Road Address: _____

#1711 Jacksonville, FL

32257

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

CLERK OF DISTRICT COURT
JAN 17 2016
2:17:59 PM

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: Joa. Claudio N. M. de Sa
Address: 4295 Sunbeam Road #711
Jacksonville FL 32257

FILED
DEPT. OF STATE
JAN 12 2017
JACKSONVILLE
17 JAN 14 AM 8:00

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DCM Cleaning Service Corp.
Address: 4295 Sunbeam Road
#711 Jacksonville FL 32257

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

Joa. Claudio N. M. de Sa
Required Signature/Registered Agent

04/14/2017
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.

Joa. Claudio N. M. de Sa
Required Signature/Incorporator

04/14/2017
Date