

P18000019691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

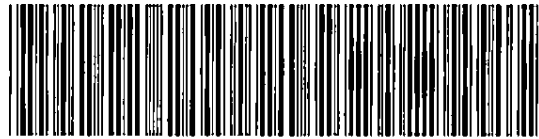
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FILED
2018 MAR -2 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 2 2018

COVER LETTER

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

SUBJECT: Maid 2 Shine Tally 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: DeNisha Williams Harrell

Name (Printed or typed)

1747 Capital Circle N.E. apt 1201

Address

Tallahassee, Florida 32308

City, State & Zip

850-212-4060

Daytime Telephone number

maid2shinetally@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)

FILED

ARTICLE I NAME

The name of the corporation shall be: Maid 2 Shine Tally Inc.

2010 MAR -2 AM 11: 26

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different

1747 Capital Circle N.E. apt 1201

Tallahassee, Florida 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning and Janitorial

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tiveysiah E. Harrell- President

Name and Title: Jailyn A. Harrell- Vice President

Address: 1747 Capital Circle NE apt 1201
Tallahassee, Florida 32308

Address: 1747 Capital Circle NE apt 1201
Tallahassee, FL 32308

Name and Title: DeNisha Williams- Harrell- Secretary

Name and Title: _____

Address: 1747 Capital Circle NE apt 1201
Tallahassee, Florida 32308

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: DeNisha Williams- Harrell
Address: 1747 Capital Circle NE apt 1201
Tallahassee, Florida 32308

ARTICLE VII INCORPORATOR

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

Name: DeNisha Williams-Harrell
Address: 1747 Capital Circle NE apt 1201
Tallahassee, Florida 32308

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2010 MAR -2 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/02/2018 (OPTIONAL)

(If an effective date is listed, the date must be 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 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

DeNisha Williams-Harrell
Required Signature/Registered Agent

03-02-18
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.

DeNisha Williams-Harrell
Required Signature/Incorporator

03-02-18
Date