

P18000051 112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

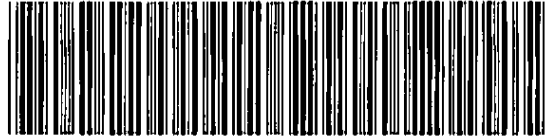
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JUN 08 2018

SECRETARY OF STATE
OF MASSACHUSETTS

2018 JUN -8 PM 2:34

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2018 JUN -8 PM 2:07
DEPT. OF REVENUE
MASSACHUSETTS

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SECRETARY OF STATE
MASSACHUSETTS

FILE

COVER LETTER

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

SUBJECT: Jackson Anointed Hands Cleaning Service 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
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 COPY REQUIRED

FROM: Erica Jackson
Name (Printed or typed)

1101 Ridge Rd.
Address

Tallahassee FL 32305
City, State & Zip

850-491-9787
Daytime Telephone number

Erica7ain12@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: Jackson Anointed Hands Cleaning Service Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1101 Ridge Rd.
Tallahassee, FL 32305

1101 Ridge Rd.
Tallahassee, FL 32305

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: Erica Jackson

Address: 1101 Ridge Rd.
Tallahassee, FL
32305

Name and Title: Jaquenos Jackson

Address: 1101 Ridge Rd.
Tallahassee FL
32305

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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2ND JUL - 8 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FL 32304

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: Erica Jackson
Address: 1101 Ridge Rd.
Tallahassee, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Erica Jackson
Address: 1101 Ridge Rd.
Tallahassee, FL

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TALLAHASSEE FLORIDA

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 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

Erica Jackson
Required Signature/Registered Agent

6.8.18
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.

Erica Jackson
Required Signature/Incorporator

6.8.18
Date