

P18 0000009896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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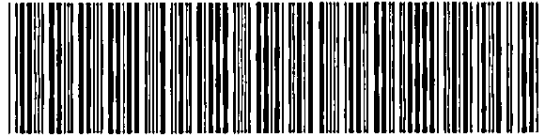
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/05/19--01007--011 **70.00

19 FEB -5 PM 1:28

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2019 FEB -5 PM 1:35
CLERK OF COURT
ALLAHASSEE, FL 32009

FEB 05 2019

C Kinsey

COVER LETTER

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

SUBJECT: Micwalis Pro 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: Deane Barnes
Name (Printed or typed)

1877 Meridoc Road
Address

Tallahassee FL 32303
City, State & Zip

850-895-7027
Daytime Telephone number

Info@Micwalis.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: Michaelis Pro Cleaning Service, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1877 Meridoc Rd
Tallahassee FL, 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our Mission is to
work hand in hand with our customers
to develop systems and innovative solutions
to care of their buildings maintenance
requirements with a promise to bring them
value in the process.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Deans Barnes, CEO</u>	Name and Title:	<u>Michael Grant, President</u>
Address	<u>1877 Meridoc Road</u> <u>Tallahassee FL 32303</u>	Address:	<u>1925 Monroe Dr NE</u> <u>Atl. Atlanta, GA</u> <u>30324</u>

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2019 FEB - 5 PM 1:35
CLERK OF SUPERIOR COURT
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: Deano Barnes
Address: 1877 Meriadow Road
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL 32303

ARTICLE VII INCORPORATOR

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

Name: Deano Barnes
Address: 1877 Meriadow Road
Tallahassee FL 32303

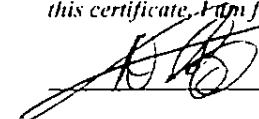
ARTICLE VIII EFFECTIVE DATE:

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.

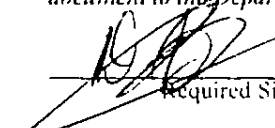
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

02/05/19
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.



Required Signature/Incorporator

02/05/19
Date