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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

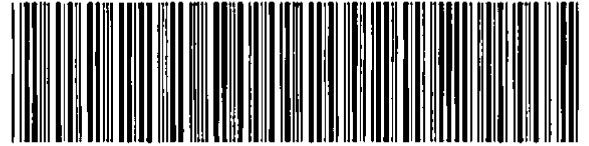
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 JUN 19 AM 10:24

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06/19/19--01004--003 **87.50

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

19 JUN 19 AM 10:08

D O'KEEFE
JUN 19 2019

COVER LETTER

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

SUBJECT: LIFE WORKS & Cleaning Services, 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:

Asia Hill

Name (Printed or typed)

P.O. Box 2152

Address

Tallahassee FL 32305

City, State & Zip

850-519-7667

Daytime Telephone number

Asia.Hill196@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:

Life Works & Cleaning Services INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

629 Okaloosa St
Tallahassee FL 32304

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Clean Residences & Business Offices etc.

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

FANTASIA MILLER

Name and Title:

Address

629 Okaloosa St
Tallahassee FL 32304

Address:

Name and Title:

Name and Title:

Address

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: Fantasia Hill
Address: 629 Okaloosa St.
Tall. FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FANTASIA HILL
Address: 629 OKALOOSA ST.
TALL FL 32304

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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:

FANTASIA HILL
Required Signature/Registered Agent

6/18/19
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.

FANTASIA HILL
Required Signature/Incorporator

6/18/19
Date