

P190000073682

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(City/State/Zip/Phone #)

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09/30/19--01002--003 **78.75

19 SEP 30 AM 9:00

FILED
2019 SEP 30 AM 9:09
CLERK OF COURT
JANASSET FLORES

COVER LETTER

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

SUBJECT: ---

(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: Patricia Nicholson
Name (Printed or typed)

3520 Sunblossed Rd
Address

Tall Fla 32305
City, State & Zip

(850) 901-4161
Daytime Telephone number

aancs70@yahoo.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: Ann & Abe nicholson cleaning Service INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3520 Sunblossed Rd
Tallahassee, Fla
32305

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patricia nicholson

Name and Title: President

Address

3520 Sunblossed Rd
Tall Fla

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

FILED
2009 SEP 30 AM 9:10
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

Name and Title: Am & Abe
Address: Nicholson Cleaning
Service Inc.
3520 Sunkissed Rd
Tall, Fla 32305

Name and Title: Patricia nicholson owner
Address: Abraham nicholson owner
3520 Sunkissed Rd
Tall, Fla 32305

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Patricia nicholson
Address: 3520 Sunkissed
Rd Tall, Fla 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patricia nicholson
Address: 3520 Sunkissed Rd
Tall, Fla 32305

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.)

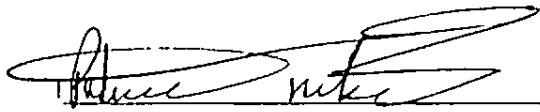
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Patricia Nicholson Required Signature/Registered Agent 9/30/19 Date

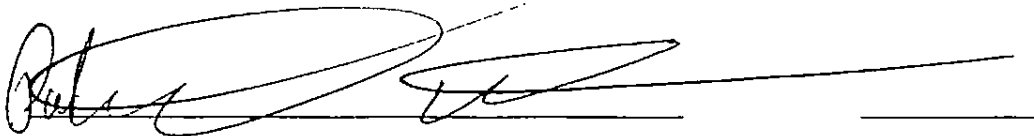
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Abraham Nicholson Required Signature/Incorporator 9/30/19 Date

 will not reinstate

Document number P16 000038041.

And will file a new filing with the same name.



SIGN NAME

DATE