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Department of State Division of Corporations

· 101011 01 001p	Autons
P. O. Box 6327	
Tallahassee, FL	32314 6000073096467 -08/23/0201040016
SUBJECT:	Mom's Magic CLANING SERVICE, INC. (PROPOSED GORPORATE NAME-MUST/INCLUDE SUFFIX)

Enclosed is an origin	nal and one(1) copy of the articl	es of incorporation and a	check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:		MARTINE rinted or typed)	2
	Hinlerh FL	5 + 40 #5 Address 33013 State & Zip	Teet 02 AUG 2 SECRETAI TALLAIIAS
	Daytime Te	clephone number	23 PN 2: 46 23 PN 2: 46 ARY OF STATE SSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

Jer . Sa	
ARTICLES OF INCORPORATION	t)
ARTICLE I NAME The name of the corporation shall be: Mom 5 Magre Cleavin	ig Service, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 53/ EAST 40 # Steet 7	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Cleaning Services	FILED 23 PM EGRETARY OF S LLAHASSEE, FL
ARTICLE IV SHARES The number of shares of stock is: /// SHARES	TATE ORIDA
ARTICLE V INITIAL OFFICERS DIRECTORS (opt The name(s), address(es) and title(s):	•
-1/2/2/ Ct 23013	NARIAT. RODNGUEZ, TREASURER 531EAST 40#59 RECRETARY HIAKAH, FL3301.
The name and Florida street address of the registered agent is:	
Noel Martinez 531 East 40th Street Hialeab, FC 33013	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Noel Martinez	
53/ EAST 40+4 Street Hitlerh FL 330/3 **********************************	***********
Having been named as registered agent to accept service of process for the all certificate, I am familiar with and accept the appointment as registered agent	bove stated corporation at the place designated in this and agree to act in this capacity
- Child	8-21-02
Signature/Registered Agent	Date

Signature/Incorporator