

P17000028340

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000086268 3)))



H170000862683ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I2000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

17 MAR 29 AM 9:28

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
MELCLEANERS INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

17 MAR 29 PM 1:54
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA
CORPORATE FILING SERVICE
INFORMATION SERVICES

41 3/30/17

H17000086268

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

McCLEANERS, INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

8235 LAKE DR #106
DORAL, FL 33166

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 MAR 29 AM 9:28

ARTICLE III SHARES: The number of shares of stock is:

100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

(P) Ludmila Rodriguez

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

LUDMILA RODRIGUEZ
8235 Lake Dr. #106
Doral FL 33166

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:


LUDMILA RODRIGUEZ
8235 Lake Dr. #106
Doral FL 33166

H17000086268

H17000086268

Required Signatures:

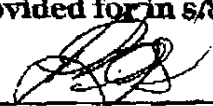
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Registered Agent

 03/29/2017
 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.



 Incorporator

 03/29/2017
 Date

17 MAR 29 AM 9:20
 DEPARTMENT OF STATE
 TALLAHASSEE FLORIDA

H17000086268