

P/3000082628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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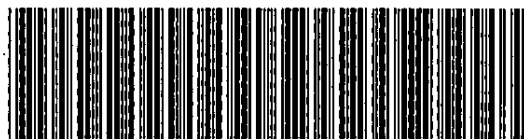
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 OCT -7 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 10/09/13

**COVER LETTER**

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

**SUBJECT: CLEAN UP SERVICES CORP**

**(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: JOYCE NASCIMENTO**

Name (Printed or typed)

**5554 METROWEST BLVD 106**

Address

**ORLANDO, FL 32811**

City, State & Zip

Daytime Telephone number

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: CLEAN UP SERVICES CORP

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6009 WESTGATE DR #2321

ORLANDO, FL 32835

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: JANITORIAL AND ANY AND ALL BUSINESS  
ALLOWED IN THE STATE OF FLORIDA

**ARTICLE IV    SHARES**

The number of shares of stock is: 1000

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: ERICA FERNANDEZ - PRESIDENT

Name and Title: \_\_\_\_\_

Address

6009 WESTGATE DR #2321

Address: \_\_\_\_\_

ORLANDO, FL 32835

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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: ERICA FERNANDEZ

Address: 6009 WESTGATE DR #2321

ORLANDO, FL 32835

**ARTICLE VII INCORPORATOR**

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

Name: ERICA FERNANDEZ

Address: 6009 WESTGATE DR #2321

ORLANDO, FL 32835

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

*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*

Erica Fernandez  
Required Signature/Registered Agent

09/25/13  
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.*

Erica Fernandez  
Required Signature/Incorporator

09/25/13  
Date