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Division of Corporations

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Fax Number : (850)617-6381

From: Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION
PRO-TEAM CLEANING SERVICES INC

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COVER LETTER

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

SUBJECT: PRO-TEAM 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: ANA MARIA MORENO
Name (Printed or typed)

5310 NW PEREZ CT
Address

PORT ST. LUCIE, FL 34983
City, State & Zip

561-674-2571
Daytime Telephone number

WFTAXES.MORE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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

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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: PRO-TEAM CLEANING SERVICES INC

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
5310 NW PEREZ CT
PORT ST. LUCIE, FL 34983

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ANA MARIA MORENO, PRESIDENT	Name and Title:	
Address	5310 NW PEREZ CT PORT ST. LUCIE, FL 34983	Address:	

Name and Title:	EDINSON GARCIA, VICE PRESIDENT	Name and Title:	
Address	2282 SW SAVAGE BLVD PORT ST. LUCIE, FL 34963	Address:	

Name and Title:		Name and Title:	
Address		Address:	

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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ANA MARIA MORENOAddress: 5310 NW PEREZ CTPORT ST. LUCIE, FL 34983**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: WALTER GOMEZAddress: 508 SW PORT ST LUCIE BLVDPORT ST. LUCIE, FL 34953


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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*

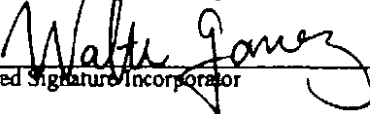


 Required Signature/Registered Agent

05/09/2022

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.



 Required Signature Incorporator

05/09/2022

Date