

OFFICE USE ONLY DOCUMENT #

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. ARMANDO'S CLEANING SERVICE, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

RECEIVED  
01 DEC -6 AM 10:58  
01 DEC -6 PM 12:38  
FILED  
TALLAHASSEE  
FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*78.75 \*\*\*\*78.75

12/6

Examiner's Initials

## ARTICLES OF INCORPORATION

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME:

The Name of the corporation shall be: **ARMANDO'S CLEANING SERVICE, INC.**

### ARTICLE II - PRINCIPAL OFFICE:

The principal place of business and mailing address of this corporation shall be:

3100 W. HALL BCH BLVD, 3 ST. LOT#308.  
PEMBROKE PARK, FL. 33009

### ARTICLE III - SHARES:

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and address of the initial registered agent is:

**ARMANDO R. MERLUZZI**  
3100 W. HALLENDALE BCH BLVD. 3 ST. LOT# 308  
PEMBROKE PARK, FL. 33009

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**ARTICLE V - INCORPORATOR(S):**

The name (s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

**ARMANDO R. MERLUZZI**  
3100 W. HALLENDALE BCH. BLVD. 3 ST. LOT#308  
PEMBROKE PARK, FL. 33009

**ARTICLE VI - DIRECTOR(S):**

The name(s) and street address(s) of the director(s) to these Articles of Incorporation is (are):

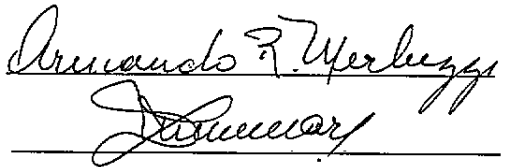
**PRESIDENT**

ARMANDO R. MERLUZZI  
3100 W. HALLENDALE BCH. BLVD.  
3 ST. LOT# 308  
PEMBROKE PARK, FL. 33009

**VEICE-PRESIDENT**

AMANDA MERLUZZI  
3100 W. HALLENDALE BCH. BLVD.  
3 ST. LOT# 308  
PEMBROKE PARK, FL. 33009

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this \_\_\_\_ day  
of \_\_\_\_\_, 2001

  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

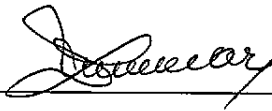
Pursuant to the provisions of sections 607.0501 or 617.0501, Florida statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, In the State of Florida.

1. The name of the corporation is: **ARMANDO'S CLEANING SERVICES , INC.**

2. The name and address of the registered agent and office is:

**ARMANDO R. MERLUZZI**  
3100 W. HALLENDALE BCH. BLVD, 3 ST. LOT#308  
PEMBROKE PARK, FL. 33009

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTRERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM I FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.**

  
\_\_\_\_\_  
DATE: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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