

PO30000049095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

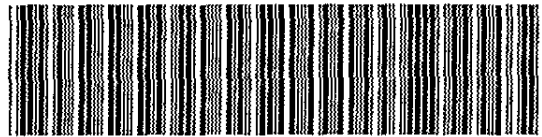
(Document Number)

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04/11/03--01061--007 **87.50

FILED
03 APR 30 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL 32302

7
wb3-10818

5-5-03
28

TRANSMITTAL LETTER

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

SUBJECT: KHONY KLEEN 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Pablo Jose Ramirez
Name (Printed or typed)

7692 west 29 Lane Apto # 202
Address

Hialeah Florida ,33018
City, State & Zip

(786) 486- 2295 / (305) 825- 5651
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 16, 2003

PABLO JOSE RAMIREZ
7692 W 29 LANE APT #202
HIALEAH, FL 33018

SUBJECT: KHONY KLEEN INC.
Ref. Number: W03000010818

We have received your document for KHONY KLEEN INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

NEED REGISTERED AGENT NAME IN ART. VI.,

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6930.

Donna Graves
Document Specialist
New Filings Section

Letter Number: 503A00022767

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03 APR 30 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

KHONY KLEEN INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7692 WEST 29 LANE # 202
HIALEAH FLORIDA , 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
JANITORIAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

PABLO JOSE RAMIREZ
7692 WEST 29 LANE # 202
HIALEAH FLORIDA , 33018
(PRESIDENT)

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

PABLO JOSE RAMIREZ
7692 WEST 29 LANE # 202
HIALEAH FLORIDA , 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PABLO JOSE RAMIREZ
7692 WEST 29 LANE # 202
HIALEAH FLORIDA , 33018

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

Signature/Registered Agent

April /27/2003

Date

Signature/Incorporator

April /27/2003

Date

FILED
03 APR 30 AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA