

P04000096252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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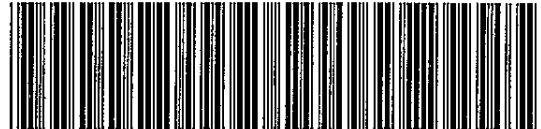
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/24/04--01019--001 **78.75

FILED
JUL 24 2004
TALLAHASSEE, FLORIDA

04 JUL 24 AM 9:30

FILED

FILED 06/24/04

TRANSMITTAL LETTER

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

SUBJECT: SOUTH FLORIDA JANITORIAL 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MARK E. WERNITZ
Name (Printed or typed)

9770 S.W. 189 ST
Address

MIAMI FLA. 33157
City, State & Zip

1-305-481-3813
Daytime Telephone number

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:

SOUTH FLORIDA JANITORIAL SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**9770 SW 189 ST MIAMI FL
33157**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BECOME INCORPORATED

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

**MARK E. WERNITZ - CEO
9770 SW 189 ST
MIAMI FL 33157**

ARTICLE VI REGISTERED AGENT

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

**MARK E WERNITZ
9770 SW 189 ST
MIAMI FL 33157**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**MARK E WERNITZ
9770 SW 189 ST
MIAMI FL 33157**

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

Date



Signature/Incorporator



Date

FILED

04 JUN 24 AM 9:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**