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5/3/105

TRANSMITTAL LETTER

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

SUBJECT: SANTA	FE CLEANING SERVICE INC		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
F. 1 . 1	* .1 .1 ./1>		
enclosed are an orig	final and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00	\$78.75	□ \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		}	Status
		ADDITIONAL COPY REQUIRED	
		<u> </u>	
FROM: MA	ARISELA SAANDOVAL		
1 ICOIVI	Nam	e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
	1164 CHERRY LN	Address	
		11001000	
	LAKELAND, FL. 33811		· -
		y, State & Zip	OS IN TO M &
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	813-477-2450	Telephone number	<u> </u>
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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)

FILED

05 MAY 19 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

SANTA FE CLEANING SERVICE, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1164 CHERRYN LANE LAKELAND, FL. 33811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CLEANING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARISELA SANDOVAL 1164 CHERRY LANE LAKELAND, FL. 33811

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

MARISELA SANDOVAL PRESIDENT 1164 CHERRY LANE LAKELAND, FL 33811

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARISELA SANDOVAL 1164 CHERRY LANE LAKELAND, FL. 33811

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

MoCholvod
Signature/Registered Agent
Date

No Signature/Incorporator

Date