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DE JUL II PH I: 33 ECNETARY OF STATE ALL AHASSEE ELORINY

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COVER LETTER

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

SUBJECT: Metropolis Cleaning Service (PROPOSED CORPORA	s, Inc. te name – <u>must incl</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:
☐ \$70.00	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Metropolis Cleaning Services	, Inc.	
Name	(Printed or typed)	
P.O.BOX 2377	Address	
YULEE, FL 32041	State & Zip	
904 261 8596 Daytime T	elephone number	

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

ÄRTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

METROPOLIS CLEANING SERVICES, INC.

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. BOX 2377 YULEE, FL 32041 2377

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning Services, Cleaning Supplies, Maintenance, any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:

3000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Tittle: P
Mayra Guilarte de Narvaez
87164 kipling drive
Yulee, FI 32097
Tittle: VP
Pedro L Narvaez
87164 Kip iling Dr
Yulee, FI 32097

ARTICLE VI REGISTERED AGENT

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

Mayra Guilarte de Narvaez 87164 kipling drive Yulee, Fl 32097

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Mayra Guilarte de Narvaez 87164 kipling drive Yulee, Fl 32097

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

Date