

P10000052043

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10 JUN 21 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 22 11 08

COVER LETTER

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

SUBJECT: Total Property Maintenance 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: Lazaro Rodriguez

Name (Printed or typed)

861 West Superior Street

Address

Opa Locka, Florida 33054

City, State & Zip

786-236-1964

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

Total Property maintenance services, inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

861 West Superior Street

Opa Locka, Florida 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Property Maintenance

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):

Lazaro Rodriguez

861 West Superior

Street Opalocka, Fl.

33054

ARTICLE VI REGISTERED AGENT

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

Lazaro Rodriguez

861 West Superior Street

Opa Locka, Fl. 33054

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lazaro Rodriguez

861 West Superior Street

Opa Locka, Fl. 33054

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

Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/16/2010

Date

6/16/2010

Date