

P100000SF655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

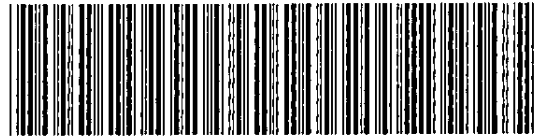
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/19/10--01002--008 **78.75

DEPARTMENT OF REVENUE
DIVISION OF CORPORATE TAXES
TALLAHASSEE, FLORIDA

10 JUL 19 AM 10:37

RECEIVED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUL 19 PM 12:34

FILED

J. Stivers 7/23/2010

ECFS

**EXPRESS CORPORATE FILING SERVICE, INC
1000 PONCE DE LEON BLVD., STE: 101
CORAL GABLES, FL 33134
PH: (305)444-4994 FAX: (305)444-4977**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. Brickell Cleaning Service INC
(Corporation Name) (Document #)
- 2. _____
(Corporation Name) (Document #)
- 3. _____
(Corporation Name) (Document #)
- 4. _____
(Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

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:
BRICKELL CLEANING SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:
101 SW 9 STREET
APT: 1C
MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
NORMA L. GARCIA (P/D)
101 SW 9 STREET
APT: 1C
MIAMI, FL 33130

ARTICLE VI REGISTERED AGENT


The name and Florida street address of the registered agent is:
NORMA L. GARCIA
101 SW 9 STREET
APT: 1C
MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
NORMA L. GARCIA
101 SW 9 STREET
APT: 1C
MIAMI, FL 33130

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TALLAHASSEE, FLORIDA

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

JULY 16, 2010
Date



Signature/Incorporator

JULY 16, 2010
Date