

IP10000088129

(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:

Rosa Gaudin GAYO

AUTHORIZATION BY PHONE TO

CORRECT Stock

DATE _____

DOC. EX. PS

Office Use Only



200186726082

10/25/10--01024--011 **87.50

FILED
10 OCT 25 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 10/29/10

COVER LETTER

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

SUBJECT: Jabes Cleaning 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 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Rosa Garrido
Name (Printed or typed)

4653 Jill Place Lot 711
Address

Lakewood, Florida. 33463
City, State & Zip

561-215-2242
Daytime Telephone number

JabescleaningINC@Hotmail.Com
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: Jabes cleaning INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4653 Jill Place Lot 711
LAKE WORTH, FL 33463

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Cleaning Commercial & Residential Properties.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rosa Garrido CED Name and Title:

Address: 4653 Jill Place Lot 711 Address:
LAKE WORTH, FL 33463

Name and Title: Maria J. Torres VP Name and Title:

Address: 4545 Marilyn Way Lot 633 Address:
LAKE WORTH FL 33463

Name and Title: _____ Name and Title:

Address: _____ Address:

ARTICLE VI REGISTERED AGENT

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

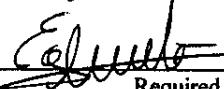
Name: Rosa Garrido
Address: Same as Above.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosa Garrido
Address: 4653 Jill Place Lot 711
LAKE WORTH FL 33463

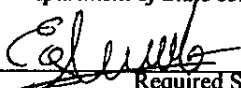
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10.20.10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10.20.10
Date

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OCT 25 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA