

**P11000036192**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**364282**

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**To:**

Division of Corporations  
Fax Number : (850) 617-6381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION****mc. cleaning services inc**

Certificate of Status	<b>0</b>
Certified Copy	<b>1</b>
Page Count	<b>03</b>
Estimated Charge	<b>\$78.75</b>

*R 04/14/11*

**RECEIVED**  
11 APR 13 AM 11:54  
DIVISION OF CORPORATIONS

**FILED**  
11 APR 13 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help



April 12, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: MC. CLEANING SERVICES INC  
REF: W11000020547

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P08000100662---M & C CLEANING SERVICE INC..

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H11000094708  
Letter Number: 011A00008829

P.O BOX 6327 - Tallahassee, Florida 32314

411000094708

③

COVER LETTER

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

SUBJECT: M.CORTES CLEANING 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 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: MARIA C MAGARINO

Name (Printed or typed)

2200 SW 9TH AVENUE

Address

MIAMI FL 33129

City, State & Zip

305-244-7855(LLAMAR ANTES DE VENIR)

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.

411000094708

H11000094708

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: **M.CORTES CLEANING SERVICES INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**1007 N 15 TH STREET**  
**IMMOKALEE FL 33980**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100 SHARES 1.00 PER VALUE**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **MARIA CORTES GARCIA**

Address: **PRESIDENT-VICEPRESIDENT-TREASURER**  
**1007 N 15 TH ST**  
**IMMOKALEE FL 33090**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

**ARTICLE VI REGISTERED AGENT**

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

Name: **MARIA CORTES GARCIA**

Address: **1007 N 15 TH ST**  
**IMMOKALEE FL 33090**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **MARIA CORTES GARCIA**

Address: **1007 N 15 TH ST**  
**IMMOKALEE FL 33090**

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

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

Date

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