

P110000042364

(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



900206941559

05/03/11--01009--014 \*\*87.50

11 MAY -3 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
FILED

5/3  
8

## COVER LETTER

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

SUBJECT: **J&R Fantastic Cleaning Service Corp**

(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: **Monica Cruz**  
Name (Printed or typed)

**733 NW 33 AVE**  
Address

**Miami, FL, 33125**  
City, State & Zip

**305-495-3416**  
Daytime Telephone number

**monicalasirena@gmail.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: **J&R Fantastic Cleaning Service Corp**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**Monica Cruz**  
**733 NW 33 Ave**  
**Miami, FL 33125**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Janitorial Service**

**ARTICLE IV SHARES**

The number of shares of stock is: **1**

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

Name and Title: <b>Monica Cruz</b>	Name and Title: _____
Address: <b>733 NW 33 Ave</b>	Address: _____
<b>Miami, FL 33125</b>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
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: **Monica Cruz**  
Address: **733 NW 33 Ave**  
**Miami, FL 33125**


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Monica Medina**  
Address: **733 NW 33 Ave**  
**Miami, FL 33125**

11 MAY -3 PM 12:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

*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

**04/27/2011**  
\_\_\_\_\_  
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

**04/27/2011**  
\_\_\_\_\_  
Date