

P110000062739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

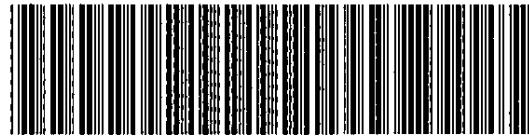
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/11--01047--008 **70.00

2011 JUL 11 PM 2:30

SECRETARY OF STATE
WASHINGTON, D.C. 20520

SC
6-21-11

1011000033444

COVER LETTER

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

SUBJECT: perfect touch cleaners.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: Rosenildes Matias

Name (Printed or typed)

402 nw 47 st

Address

Pompano Beach fl 33063

City, State & Zip

561 674 3035

Daytime Telephone number

welroca@yahoo.com

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

SECRETARY OF STATE
TALLAHASSEE, FL 32314

2011 JUL 11 PM 2:30

FILED

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 Perfect Touch Cleaners, inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
402 NW 47 ST
POMPANO BEACH
FL 33063

Mailing address, if different is:
N/A

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
clean

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Rosenildes Matias</u>	Name and Title: <u>Rosenildes Matias</u>
Address: <u>402 nw 47 st Pompano Beach</u>	Address: <u>402 nw 47 Pompano Beach</u>
<u>fl 33063</u>	<u>fl 33063</u>

Name and Title: <u>Rosenildes Matias</u>	Name and Title: <u>Rosenildes Matias</u>
Address: <u>402 nw 47 st Pompano Beach</u>	Address: <u>402 nw 47 st Pompano Beach</u>
<u>fl 33063</u>	<u>fl 33063</u>

Name and Title: <u>Rosenildes Matias</u>	Name and Title: <u>Rosenildes Matias</u>
Address: <u>402 nw 47 st Pompano Beach</u>	Address: <u>402 nw 47 st Pompano Beach</u>
<u>fl 33063</u>	<u>fl 33063</u>

ARTICLE VI REGISTERED AGENT

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

Name: Rosenildes Matias
Address: 402 nw 47 st Pompano Beach
FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Rosenildes Matias
Address: 402 nw 47 st Pompano Beach
FL 33063

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

x Rosenildes Matias
Required Signature/Registered Agent

06-03-11
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.

x Rosenildes Matias
Required Signature/Incorporator

06-03-11
Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 JUL 11 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 21, 2011

ROSENILDES MATIAS
402 NW 47 STREET
POMPANO BEACH, FL 33063

SUBJECT: PERFECT TOUCH CLEANERS, INC.
Ref. Number: W11000033444

We have received your document for PERFECT TOUCH CLEANERS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 611A00015067