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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : BARINAS & ASSOCIATES INC.
Account Number : I20000000082
Phone : (305)871-0889
Fax Number : (305)870-9623

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

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DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION
PERFECT MAINTENANCE CARE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	$78.75

MRS 8/19/22

Electronic Filing Menu Corporate Filing Menu Help

COVER LETTER

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

SUBJECT: PERFECT MAINTENANCE CARE, 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: YANELLE M BARINAS
Name (Printed or typed)

BARINAS & ASSOCIATES INC
Address

5701 NW 36 ST
City, State & Zip

MIAMI, FL 33166
Daytime Telephone number

BARINASB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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11 AUG 19 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PERFECT MAINTENANCE CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2500 LANTANA RD
APT 1209
LANTANA, FL 33462

Mailing address, if different is:
2500 LANTANA RD
APT 1209
LANTANA, FL 33462

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IVELISSE RIVERA, PSVD
Address: 2500 LANTANA RD
APT 1209
LANTANA, FL 33462

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: IVELISSE RIVERA
Address: 2500 LANTANA RD, APT 1209
LANTANA, FL 33462

ARTICLE VII INCORPORATOR
The name and address of the incorporator is:
Name: IVELISSE RIVERA
Address: 2500 LANTANA RD, APT 1209
LANTANA, FL 33462

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 _____ 08/19/11
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.

X _____ 08/19/11
Required Signature/Incorporator — Date