

712000010399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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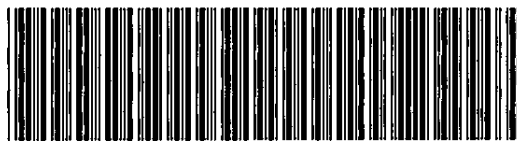
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 JAN 30 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 31 2012

## COVER LETTER

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

**SUBJECT: CERTIFIED & BONDED CLEANING AND MAINTENANCE 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: Maria T. Montana

Name (Printed or typed)

3960 W 16 ave #206

Address

Hialeah, FL 33012

City, State & Zip

954-303-8746

Daytime Telephone number

tmontana614@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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**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:

**Certified & Bonded Cleaning and Maintenance Corp**

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

3960 W 16 ave #206

Hialeah, FL 33012

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**To Clean and Maintain properties owned by banks that have been foreclosed.**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Cristina Fornaris

Address: 6321 SW 138 Ct # 4

Miami, FL 33183

President

Name and Title: \_\_\_\_\_

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

Name and Title: Maria T. Montana

Address: 5152 SW 121 Ave

Cooper City, FL 33330

VP

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 T Montana

Address: 5152 SW 121 AVE

Cooper City, FL 33330

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria T Montana

Address: 5152 SW 121 Ave

Cooper City, FL 33330

*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*

Maria T Montana

Required Signature/Registered Agent

01-25-12

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.*

Maria T Montana

Required Signature/Incorporator

01-25-12

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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