

PI2000017458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Payless Carpet Cleaning, 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: Hector H. Mejia  
Name (Printed or typed)

16503 N.W. 77 Path  
Address

Miami Lakes FL 33016  
City, State & Zip

305-323-2012  
Daytime Telephone number

hpaylesscarpet@bellsouth.net  
E-mail address (to be used for future annual report notification)

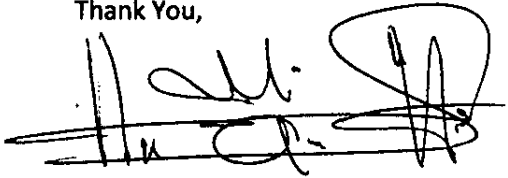
**NOTE: Please provide the original and one copy of the articles.**

February 16, 2012

TO WHOM IT MAY CONCERN;

My name is Hector H. Mejia and I am requesting to use the name PAYLESS CARPET CLEANING INC. in the new business registration form.

Thank You,

A handwritten signature in black ink, appearing to read 'Hector H. Mejia', with a large, stylized flourish at the end.

Hector H. Mejia, President

305-323-2012

**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:

Payless Carpet Cleaning Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

16503 NW 77 Path  
Miami Lakes, FL 33016

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to clean and install all  
types of flooring products.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

Name and Title:

Hector H. Mejia, President

Address:

16503 NW 77 Path  
Miami Lakes, FL 33016

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:

Hector H. Mejia

Address:

16503 NW 77 Path  
Miami Lakes, FL 33016

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name:

Hector H. Mejia

Address:

16503 NW 77 Path  
Miami Lakes, FL 33016

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

FILED  
FEB 20 AM 10:20  
12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2-16-12

2-16-12