

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet **49842**

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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

FILED  
12 MAY -9 AM 11:43

**FLORIDA PROFIT/NON PROFIT CORPORATION  
A JANITORIAL SERVICES CORP**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

12 MAY -9 AM 11:43

**ARTICLE I NAME** A JANITORIAL SERVICES CORP

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10832 S W 7 STREET  
MIAMI FL 33174

Mailing address, if different is:

10832 S W 7 STREET  
MIAMI FL 33174

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: JAVIER ABAD PRESIDENT  
Address: 10832 S W 7 STREET  
MIAMI FL 33174

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: JAVIER ABAD  
Address: 10832 S W 7 STREET  
MIAMI FL 33174

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JAVIER ABAD  
Address: 10832 S W 7 STREET  
MIAMI FL 33174

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

05/09/2012

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

05/09/2012

Date

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