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(R	equestor's Name)		-
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(Bi	usiness Entity Nam	e)	-
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Certified Copies	Certificates	of Status	-
Special Instructions to	Filing Officer:		ן ך
	Office Use Only	,	_ ///,



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COVER LETTER

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

SUBJECT: CleanNet Co. (proposed corporate name - <u>must include suffix</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

■ \$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
FROM: SARA PLAZA	(Printed or typed)	
600 lindell blvd #208b	Address	
delray,fl 33444 City, 1	State & Zip	<u></u>
9548227877 Daytime Te	elephone number	<u></u>
cleanetco@yahoo.com E-mail address: (to be used	I for future annual report	t notification)
NOTE: Please provide the or	iginal and one copy o	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 CleanNet Co. The name of the corporation shall be:

PRINCIPAL OFFICE ARTICLE II

Principal street address 600 lindell blvd #208b delray,fl 33444

Mailing address, if different is:

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same

ARTICLE III PURPOSE

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The purpose for which the corporation is organized is: Janitorial Sales Maintenance

ARTICLE IV SHARES

The number of shares of stock is:1000

TICLE V INITIAL OFFICERS AND/OR L Name and Title: Sara Plaza Address:	Name and Title: Director
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:	Sara Plaza
Address:	600 lindell blvd #208b
	delray fl 33444

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: Name: Addr

U .	
ress:	600 lindell blvd #208b
	delray.fl 33444

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

Sara Playa 1, 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.

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Required Signature/Incorporator