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## COVER LETTER

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

**SUBJECT: JSV CLEANING SERVICES 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: **SIMONE NOGUEIRA GONCALVES**

Name (Printed or typed)

**8149 PLAZA GATE LN**

Address

**JACKSONVILLE FL 32217**

City, State & Zip

**(904) 444 1732**

Daytime Telephone number

**victoria-simone@hotmail.com**

E-mail address: (to be used for future annual report notification)

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

**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: **JSV CLEANING SERVICES CORP**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**8149 PLAZA GATE LN**  
**JACKSONVILLE FL 32217**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**GENERAL SERVICES CLEANING, MAINTENANCE, PAINTING AND MISCELLANEOUS SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **SIMONE NOGUEIRA GONCALVES PRESIDENT** Name and Title: \_\_\_\_\_  
Address: **8149 PLAZA GATE LN** Address: \_\_\_\_\_  
**JACKSONVILLE FL 32217**

Name and Title: **JUAN CANDALES VICE PRESIDENT** Name and Title: \_\_\_\_\_  
Address: **8149 PLAZA GATE LN** Address: \_\_\_\_\_  
**JACKSONVILLE FL 32217**

Name and Title: **JONAS NOGUEIRA DE VARGAS TREASURY** Name and Title: \_\_\_\_\_  
Address: **8149 PLAZA GATE LN** Address: \_\_\_\_\_  
**JACKSONVILLE FL 32217**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

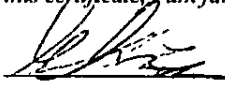
Name: **JONAS NOGUEIRA DE VARGAS**  
Address: **8149 PLAZA GATE LN**  
**JACKSONVILLE FL 32217**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **SIMONE NOGUEIRA GONCALVES**  
Address: **8149 PLAZA GATE LN**  
**JACKSONVILLE FL 32217**

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

 **Jonas Nogueira de Vargas**  
Required Signature/Registered Agent

**10-15-12**  
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.

 **Simone Nogueira Goncalves**  
Required Signature/Incorporator

**10/15/2012**  
Date

12 OCT 29 PM 3:55