## P12000100748

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SECRETARY OF STATE

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## **COVER LETTER**

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

## SUBJECT: CS Mechanical environmental corporation (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

losed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 o Status
		ADDITIONAL COPY REQUIRED	

FROM:	Luis Mario Ramirez					
110171	Name (Printed or typed)					
	8369 citrus chase drive					
	Address					
	orlando, fl 32836					
	City, State & Zip					
	3477816182					
	Daytime Telephone number					
	Iramirezl2@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 II	PRINCIPAL OFFICE		
	Principal street address	Mailing a	address, if different is:
<u>.</u>	8369 citrus chase drive, Orlando, fl 32836		
_			
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
n offer service	es of mainteinance and cleaning of	industrial huildings, and s	afety consultants
.0 01101 0011100	50 of maintenance and oldarning of	madothal ballonigo and o	
ARTICLE IV	SHARES 100		PORC TO MILE
The number of shar	res of stock is: 100		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	CTORS	三
Name and Ti	tle; CEO Luis Mario Ramirez Leal	Name and Title:	
Address:	8369 citrus chase drive orlando, fl 32836	Address:	<b>5</b>
		<del></del>	<u> </u>
Name and Ti	tle: Ricardo Montanez officer	Name and Title:	
Address:	8369 citrus chase drive, orlando, fl 32836	A d d	
		<del></del>	<del>"</del>
	tle:		
Address:		Address:	
RTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	Luis Mario Ramirez Leal		
Address:	8369 citrus chase drive, orlando, fl 32836		
	INCORPORATOR		
	Iress of the Incorporator is:		
Name:	Luis Mario Ramirez		
Address:	8369 citrus chase drive		
	orlando, fl 32836		
aving been name	ed ay registered agent to afcept service of p	rocess for the above stated corne	oration at the place designated i
	n fandliar with and accept the appointment		
N			• •
			17-07-1L Date
	Required Signature/Registered Ager	nt	Date
submit this docu	ment and affirm that the facts stated herei	n are true. I am aware that the	false information submitted in
cument to the De	epartment of State constitutes a third degree	e felony as provided for in s.817.1	155, F.S.
	B. H		1.0
	Ny')1 4/		17 - 07 - 1
	// Required Signature/Incorporator		