

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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SECKCTANY OF STATE
TALLAHASSEE FLORIDA

1/30 U13-5898 G

## **COVER LETTER**

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

SUBJECT:	Doldhin Wi	NOW Clear	mine
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUKFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 of Status
		ADDITIONAL CO	PY REQUIRED
FROM:		e (Printed or typed)	· 
	104 NM 70	Arc. Address	
<u></u>	Hollywood, F	1 33034 State & Zip	
		5 - 249 <del>2</del> elephone number	
<u> </u>	Quanta 2 C Espail address: (to be use	hotmail. add for future annual report	notification)

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



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 30, 2013

GIANCARLO VASSALLO 1041 NW 70 AVE HOLLYWOOD, FL 33024

SUBJECT: DOLPHIN WINDOW CLEANING

Ref. Number: W13000005898

We have received your document for DOLPHIN WINDOW CLEANING and your oheck(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 913A00002348

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

RTICLE II PRINCIPAL OFFICE  Principal street address	Mailing ad	dress, if different is:
3051 W 24 NUE # 3		
righeal Pl 3301		
HIGHERY LT 2301	<u> </u>	The same services
RTICLE III PURPOSE ne purpose for which the corporation is organized	zed is: Conmercial and	Residential
windowed cleaning		
		•
**************************************		
	•	
•	<i>:</i>	
RTICLE IV SHARES	7	
RTICLE IV SHARES ne number of shares of stock is: /OC	2	
e number of shares of stock is: ///	n/OP NIPECTORS	
ne number of shares of stock is: ///	n/OP NIPECTORS	esident
RTICLE V INITIAL OFFICERS AND  Name and Title:	D/OR DIRECTORS VQ5SQ\\Q\\Q\\\Q\\\\\\\\\\\\\\\\\\\\\\\\\	esident
Name and Title: Address Address 2051 W 2	n/OP NIPECTORS	esident
Name and Title: Address Address 2051 W 2	NOSSAND Name and Title: YR	esident
Name and Title: 651 w 2 Address Haleak	NOSSAND Name and Title: YR	x=4
Name and Title:  Name and Title:  Name and Title:	D/OR DIRECTORS  V055010 Name and Title:  PROPERTY SANDERS  PROPERTY SANDERS  Name and Title:	₹.G. <b></b>
Name and Title:  Name and Title:  Name and Title:	Nassallo rame and Title: Programme and Title: Progr	76 3 10 3 20 3
Name and Title:  Name and Title:  Name and Title:	D/OR DIRECTORS  V055010 Name and Title:  PROPERTY SANDERS  PROPERTY SANDERS  Name and Title:	SECRETARY TO SECRE
Name and Title:  Name and Title:	D/OR DIRECTORS  V055010 Name and Title:  PROPERTY SANDERS  PROPERTY SANDERS  Name and Title:	SE S
Name and Title:  Name and Title:  Address  Name and Title:  Address	Va5Sall   Name and Title:   Property   Pro	13 HAR II AH 8: 2  SECRETARY OF STATE VALUATASSEE FLORI
Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:	D/OR DIRECTORS  V05S0\\O   Name and Title: \\ \P\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	13 MAR I I AM 8: 28 SECRETARY OF STATE TAILLANASSEE FLORIDA
Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:	Name and Title:	13 HAR II AH 8: 2  SECRETARY OF STATE VALUATASSEE FLORI
Name and Title:  Address  Name and Title:  Name and Title:  Name and Title:  Name and Title:	D/OR DIRECTORS  V05S0\\O   Name and Title: \\ \P\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	13 MAR I I AM 8: 28 SECRETARY OF STATE TAILLANASSEE FLORIDA

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT	Γ acceptable) of the registered agent is:
Name: Gancarb Va	<u>55allo</u>
Address: 8051 W 24 P	NE # 8
Higheah, PI	33016.
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	, (1)
Name: Grancaslo	Vassallo
Address: 8051 W 34.	416 # 8
Hialeah Fl	. 33016.
	vice of process for the above stated corporation at the place designated in ointment as registered agent and agree to act in this capacity
Callello.	1/16/13
Required Signature/Registe	red Agent Date
I submit this document and affirm that the facts stated document to the Department of State constitutes a thin	ted herein are true. I am aware that the false information submitted in a rd degree felony as provided for in \$817.155, F.S.
Required Signature/Incor	03/08/2013  porator Date
required Signature/filesi	•• •
	SECNITION ALLANDASS
	FILED  13 HAR II AM 8: 28  3ECHCTANY OF STATE  ALLAHASSEE FLORIDA
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