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COVER LETTER

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

SUBJECT: Caribbean Cleaning Services of Miami inc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Miguel A. Marquez Roman
Name (Printed or typed)
1144 S.W 5th St Apt #2
Address
Miami FL 33130
City, State & Zip
(786) 752-5480
Daytime Telephone number
Angelmmr86@gmail.com
E-mail address: (to be used for future annual report notification)

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

COVER LETTER

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

RECEIVED
2013 APR -5 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Caribbean Cleanings Service of Miami.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

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☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Miguel Angel Mazaer Roman
Name (Printed or typed)
1144 S.W 5th St Apt #2
Address
Miami FL 33130
City, State & Zip
(786) 752-5480
Daytime Telephone number
Angelmmr86@gmail.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:

Caribbean Cleaning services of Miami inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

1144 S.W 5th St Apt #2
Miami Fl. 33130**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Miguel A. Noguea Roman Name and Title:Address: Manager Address:1144 S.W 5th St Apt #2
Miami Fl. 33130

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 APR 16 AM 7:29

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(cont.)

Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name:

Miguel A. Marquez Roman

Address:

1144 S.W. 5th St Apt #2
Miami FL 33130**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Miguel A. Marquez Roman

Address:

1144 S.W. 5th St Apt #2
Miami FL 33130

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

Miguel A. Marquez Roman
 Required Signature/Registered Agent

04/17/13
 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.

Miguel A. Marquez Roman
 Required Signature/Incorporator

04/17/13
 Date

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