

P/3000052556

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

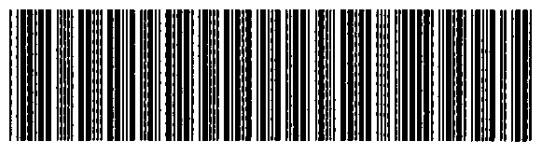
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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13 JUN 17 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W/3-32743

K 06/18/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

13 JUN 17 AM 9:52

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 5, 2013

NORA E. FABRICIO  
14267 SW 62 ST.  
MIAMI, FL 33138

SUBJECT: STEAMPRO OF MIAMI INC.  
Ref. Number: W13000032743

We have received your document for STEAMPRO OF MIAMI INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

The document number of the name conflict is P11000015507 (STEAMPRO OF MIAMI INC.).

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

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 613A00014181

June 10, 2013

To Whom It Will Concern,

In response to letter: 613A00014181 I, Nora E. Fabricio owner of STEAMPRO OF MIAMI, INC. P11000015507, am writing this letter to inform and provide the Department of State my statement stating that I have no intention of revoking the dissolution of the corporation named STEAMPRO OF MIAMI, INC. therefore, I am releasing the name for use to another entity.

If you have any questions please call (786) 399-1217.

Nora E. Fabricio



Owner of Steampro of Miami, Inc.  
P11000015507

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT: STEAMPRO 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  
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: NORA E. FABRICIO**

Name (Printed or typed)

**14267 SW 62 ST**

Address

**MIAMI, FL. 33183**

City, State & Zip

**786-399-1217**

Daytime Telephone number

**steampro305@yahoo.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: STEAMPRO OF MIAMI INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14267 SW 62 ST

MIAMI, FL. 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

CARPET AND UPHOLSTERY CLEANING

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: NORA E. FABRICIO

Name and Title: \_\_\_\_\_

Address 14267 SW 62 ST

Address: \_\_\_\_\_

MIAMI, FL. 33183

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

13 JUN 17 PM 12:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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: NORA E. FABRICIO

Address: 14267 SW 62 ST

MIAMI, FL. 33183

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: NORA E. FABRICIO

Address: 14267 SW 62 ST

MIAMI, FL. 33183

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TALLAHASSEE, FLORIDA

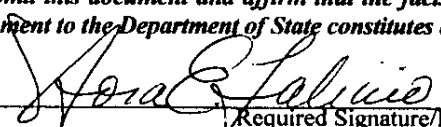
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

05/22/2013

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.*

  
Required Signature/Incorporator

05/22/2013

Date