

P130000059413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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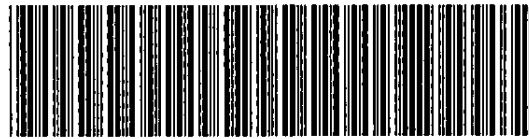
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MT 7/1

**COVER LETTER**

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

**SUBJECT:** La Colonia Commercial Cleaning, 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:** Lazaro Flores  
Name (Printed or typed)

830 N. E. 10th Lane

Address

Cape Coral, Florida, 33909

City, State & Zip

239-247-9962

Daytime Telephone number

lf5star5@aol.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: La Colonia Commercial Cleaning, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

830 N. E. 10th Lane  
Cape Coral, Florida, 33909

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to clean medical clinics and offices

**ARTICLE IV SHARES** 100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Lazaro Flores, Director Name and Title: \_\_\_\_\_

Address 830 N. E. 10th Lane Address: \_\_\_\_\_

Cape Coral, Florida \_\_\_\_\_

33909 \_\_\_\_\_

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

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

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

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

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

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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


Name: Lazaro Flores  
Address: 830 N. E. 10th Lane  
Cape Coral, Florida 33909

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Lazaro Flores  
Address: 830 N. E. 10th Lane  
Cape Coral, Florida 33909

*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

7/8/13  
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.*

  
Required Signature/Incorporator

7/8/13  
Date