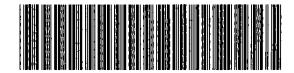
## P1300060169

(Re	questor's Name)	
(Ad	dress)	
(,,,,,	<b></b>	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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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	Service	es,Corp.
-				

(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	i a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PY REQUIRED

ROM:	Ismary Pedraza		
COIVI.	Name (Printed or typed)		
	3979 Raintree Rd		
	Address		
	Jacksonville, Florida 32277		
	City, State & Zip		
	(786) 294-5265		
	Daytime Telephone number		
	caribbeancleaningcorp@gmail.com		

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

13 AUG -5 AM 8: 50

SECRETARY OF STATE



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 AUG -5 AM 8: 50

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 27, 2013

ISMARY PEDRAZA 3979 RAINTREE ROAD JACKSONVILLE, FL 32277

SUBJECT: CARIBBEAN CLEANING SERVICES, CORP.

Ref. Number: W13000033614

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

You failed to make the correction(s) requested in our previous letter.

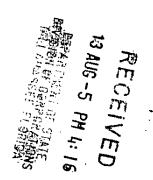
The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 313A00016141



www.sunbiz.org

DO DOV 0007 Well-learner Plant de 202



June 10, 2013

ISMARY PEDRAZA 3979 RAINTREE ROAD JACKSONVILLE, FL 32277

SUBJECT: CARIBBEAN CLEANING SERVICES, CORP

Ref. Number: W13000033614

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

FLORIDA DEPARTMENT OF STATE **Division of Corporations** 

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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.

Please return the corrected original and one copy of 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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 913A00014475

www.sunbiz.org

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

0. 4 00	shall be: Oaribbearr Clearing		s, Corp. HVISION OF CORPO
CLE II PRINC	EIPAL OFFICE incipal street address		13 AUG -5 AM Mailing address, if different is:
'9 Raintree F	Rd		
ksonville, FL	_ 32277		
CLE III PURPO	ose corporation is organized is: to ensure	e the well be	eing of my family and build a
	ation that provide the best se		
	ntribute to increase the emp		
CLEIV SHAD	rs /		
ICLE IV SHAR			
ICLE IV SHARI umber of shares of sto			
umber of shares of sto	ck is:		
umber of shares of sto	ck is:		Ismary Pedraza/Secretary
CLE V INITIA  Name and Title:	ck is:  LL OFFICERS AND/OR DIRECTOR smary Pedraza/Director	_ Name and Title	
TCLE V INITIA Name and Title:  Address	L OFFICERS AND/OR DIRECTOR smary Pedraza/Director 979 Raintree Rd.		Ismary Pedraza/Secretary 3979 Raintree Rd.
TCLE V INITIA Name and Title:  Address	ck is:  LL OFFICERS AND/OR DIRECTOR smary Pedraza/Director	_ Name and Title	
TCLE V INITIA Name and Title:  Address	L OFFICERS AND/OR DIRECTOR smary Pedraza/Director 979 Raintree Rd.	_ Name and Title	3979 Raintree Rd.
TCLE V INITIA  Name and Title:  Address  J	L OFFICERS AND/OR DIRECTOR smary Pedraza/Director 979 Raintree Rd. acksonville, FL. 32277	Name and Title Address:	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Name and Title:	L OFFICERS AND/OR DIRECTOR smary Pedraza/Director 979 Raintree Rd. acksonville, FL. 32277	Name and Title Address:  Name and Title	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Name and Title:	L OFFICERS AND/OR DIRECTOR smary Pedraza/Director 979 Raintree Rd. acksonville, FL. 32277	Name and Title Address:  Name and Title	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Name and Title:	L OFFICERS AND/OR DIRECTOR smary Pedraza/Director 979 Raintree Rd. acksonville, FL. 32277	Name and Title Address:  Name and Title	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Name and Title:	ck is:	Name and Title Address:  Name and Title Address:	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Name and Title:	L OFFICERS AND/OR DIRECTOR smary Pedraza/Director 979 Raintree Rd. acksonville, FL. 32277	Name and Title Address:  Name and Title Address:	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Name and Title:  Address  Address	ck is:	Name and Title Address: Name and Title Address:	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Address  Address  Name and Title:  Name and Title:	AL OFFICERS AND/OR DIRECTOR Smary Pedraza/Director 979 Raintree Rd. acksonville, FL. 32277	Name and Title Address: Name and Title Address: Name and Title	3979 Raintree Rd.  Jacksonville, FL 32277
Name and Title:  Address  Address  Name and Title:  Name and Title:	L OFFICERS AND/OR DIRECTOR Smary Pedraza/Director 979 Raintree Rd. lacksonville, FL. 32277	Name and Title Address: Name and Title Address: Name and Title	3979 Raintree Rd.  Jacksonville, FL 3227

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) o	f the registered agent is:
Name:	Ismary Pedraza	_
Address:	3979 Raintree Rd.	
rudi ess.	Jacksonville, FL 32277	_
ARTICLE VII	INCORPORATOR	
The name and ac	Idress of the Incorporator is:	
Name:	Ismary Pedraza	_
Address:	3979 Raintree Rd.	_
	Jacksonville, FL 32277	_
	ned as registered agent to accept service of proces um familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Thelew	06/24/13
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felor	true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
•	Jahren Jahren	06/24/13
	Required Signature/Incorporator	Date

SECRCTARY OF STATE ORPORATIONS

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