

PB0000084087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

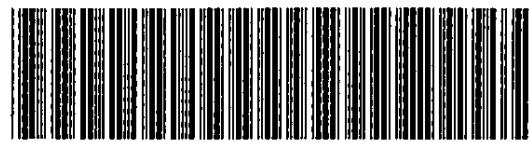
(Business Entity Name)

(Document Number)

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

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FILED  
19 OCT 11 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W13-54233

## COVER LETTER

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

### **SUBJECT: Class A Cleaning Services, 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      & Certificate of  
                  Status      Status

**ADDITIONAL COPY REQUIRED**

FROM: Joel Dominguez

Name (Printed or typed)

12208 Wild Iris Way

Address

Orlando, Fl. 32837

City, State & Zip

407 932 8411

Daytime Telephone number

joeldominguez23Gmail.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2013

13 OCT 11 AM 10:00  
REGULATORY SPECIALIST  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

JOEL DOMINGUEZ  
12208 WILD IRIS WAY  
ORLANDO, FL 32837

SUBJECT: CLASS A CLEANING SERVICES, INC  
Ref. Number: W13000054233

We have received your document for CLASS A CLEANING SERVICES, 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 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 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: 713A00022936

**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: Class A Cleaning Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address 12208 Wild Iris Way Apto. 110  
Orlando, Fl. 32837 Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Housekeeping-Public and Associate Areas of Hotel, Commercial Office Cleaning and Residences.

**ARTICLE IV SHARES**

The number of shares of stock is: 300

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

Name and Title: Joel Dominguez-President Name and Title: \_\_\_\_\_  
Address: 12208 Wild Iris Way Apto 110 Address: \_\_\_\_\_  
Orlando, Fl. 32837 \_\_\_\_\_

13 OCT 11 AM 7:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

F I L E D

Name and Title: Ramon Hernandez-Finance Manager Name and Title: \_\_\_\_\_  
Address: 12208 Wild Iris Way apto 110 Address: \_\_\_\_\_  
Orlando, Fl. 32837 \_\_\_\_\_

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

(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:

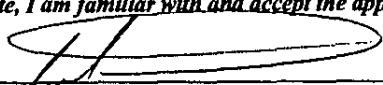
Name: Joel Dominguez  
Address: 12208 Wild Iris Way Apto 110  
Orlando, Fl. 32837

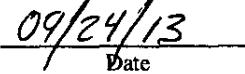
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

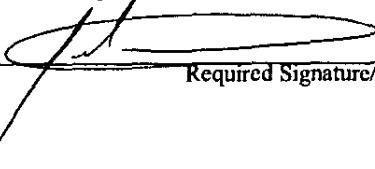
Name: Joel Dominguez  
Address: 12208 Wild Iris Way Apto 110  
Orlando, Fl. 32837

*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

  
\_\_\_\_\_  
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

  
\_\_\_\_\_  
Date

13 OCT 11 AM 7446  
SECRETARY OF STATE  
TALLAHASSEE FLA  
FILED