

P14000044129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MAY 19 2014

A. DUNLAP

Office Use Only



800260113488

05/16/14--01016--001 **70.00

FILED
14 MAY 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Pineda 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
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: Lucia Martinez Sanchez

Name (Printed or typed)

107 Smith Rd

Address

Defuniak Springs, FL 32433

City, State & Zip

850-333-8925

Daytime Telephone number

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 Pineda Cleaning Services Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

107 Smith Rd

Defuniak Springs, FL 32433

ARTICLE III PURPOSE

Housekeeping in residential and non residential

The purpose for which the corporation is organized is:

buildings, including condos, homes, hotels, and offices.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucia Martinez Sanchez Pres

Name and Title: _____

Address 107 Smith Rd

Address: _____

Defuniak Springs, FL 32433

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
14 MAY 16 PM 12:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Lucia Martinez Sanchez

Name: _____

107 Smith Rd

Address: _____

Defuniak Springs, FL 32433

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Lucia Martinez Sanchez

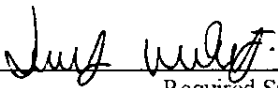
Name: _____

107 Smith Rd

Address: _____

Defuniak Springs FL 32433

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

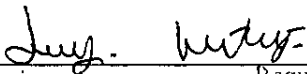


Required Signature/Registered Agent

05-13-14

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

05-13-14

Date