

P1400050447

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
 Fax Number : (850) 617-6381

From: Account Name : BARINAS & ASSOCIATES INC.  
 Account Number : I20000000082  
 Phone : (305) 871-0889  
 Fax Number : (305) 870-9623

14 JUN 11 AM 11:19  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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RECEIVED  
14 JUN 11 AM 8:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION  
CARDENAS CLEANING, CORP.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

**COVER LETTER**

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

**SUBJECT: CARDENAS CLEANING, CORP.**  
(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: YANELLE M BARINAS**  
Name (Printed or typed)  
**5701 NW 36 ST**  
Address  
**MIAMI, FL 33166**  
City, State & Zip  
**305-871-0889**  
Daytime Telephone number  
**BARINASB@GMAIL.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)

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUN 11 4:11:19

**ARTICLE I NAME**  
The name of the corporation shall be: CARDENAS CLEANING, CORP.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

4380 NW 10 ST #9  
MIAMI, FL 33126

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL PURPOSES

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES** 1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: ESTELA CARDENAS, PTD Name and Title: \_\_\_\_\_

Address: 4380 NW 10 ST #9 Address: \_\_\_\_\_  
MIAMI, FL 33126 \_\_\_\_\_

Name and Title: ROBERTO R ALPIZAR, VSD Name and Title: \_\_\_\_\_

Address: 4380 NW 10 ST #9 Address: \_\_\_\_\_  
MIAMI, FL 33126 \_\_\_\_\_

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: ESTELA CARDENAS  
Address: 4380 NW 10 ST #9  
MIAMI, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: YANELLE M BARINAS  
Address: 5701 NW 36 ST  
MIAMI, FL 33166

*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*

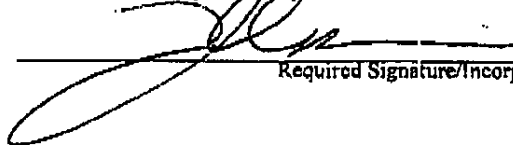


Required Signature/Registered Agent

6/10/14

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

6/10/14

Date