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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 : CORP USA
Account Number : 072450003255
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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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FLORIDA PROFIT/NON PROFIT CORPORATION
FRANKLIN AND ASHLEY SERVICES, INC.

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

83230

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14 OCT 24 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Franklin and Ashley 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: FRANKLIN ANTONIO LOPEZ
Name (Printed or typed)

1185 NW 126 ST.
Address

NORTH MIAMI FL 33168
City, State & Zip

(786) 247 1866
Daytime Telephone number

melitza.horta@ngonzalezlaw.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: Franklin and Ashley Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1185 NW 126 St.
North Miami, FL 33168

Mailing address, if different is:

Same.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning Services and
other office services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Franklin A. Lopez / President. Name and Title:

Address: 1185 NW 126 St. Address:
North Miami, FL 33168

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

14 OCT 24 PM 2:29
SECRET #1
TAMPA, FL 33601
7819991

(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: Franklin A. Lopez
 Address: 1185 NW 126 ST.
North Miami, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Franklin A Lopez
 Address: 1185 NW 126 ST.
North Miami FL 33168

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

Frank Lopez
 Required Signature/Registered Agent

10/23/14
 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.

Frank Lopez
 Required Signature/Incorporator

17 OCT 24 PM 2:29
 STATE OF FLORIDA
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

10/24/2014 16:26 3056339596
 CORPORATION