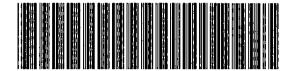
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(Requestor's Name)		
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only

wing, Louling



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14 DEC -8 PM 4: 49
SECRETARY OF STATE
TALLAHASSEE, FLORID

DEC 9 2014; S. GILBERT

COVER LETTER

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

JURJECT: KAIRO MAINTENANCE & CLEANING

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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
		I ADDITIONAL CO	IPV REALIBED - 1

FROM:	MIGUEL OROZCO
	Name (Printed or typed)
	1022 MCINTOSH ST.
	Address
	WEST PALM BEACH,FL,33405
	City, State & Zip
	561 293 9257
	Daytime Telephone number
	HELENANGEL77@LIVE.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

14 DFC -8 AM IO: 28
SEC - LESTATE

October 23, 2014

MUGUEL OROZCO 1022 MCINTOSH ST WEST PALM BEACH, FL 33405

SUBJECT: KAIRO MAINTENANCE & CLEANING

Ref. Number: W14000064646

We have received your document for KAIRO MAINTENANCE & CLEANING and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

Letter Number: 514A00022798

COVER LETTER

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

SUBJECT: KAIRO MAINTENANCE & CLEANING CORP.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

iCr	osed are an ong	mai and one (1) copy of the arti	cies 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 o Status PPY REQUIRED
	FROM: M	IGUEL OROZCO	(Printed or typed)	
	10	22 MCINTOSH	•	
	W	EST PALM BEA	CH,FL. 3340	5
	56	61 574 1677	State & Zip	
		Daytime To	elephone number	*
	ST	TA0229@ HOTMAIL	COM	

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

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

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

<u>ricle ii pri</u> 22 MCINTO	NCIPAL OFFICE Principal street address		Mailing address, if different is:
	BEACH,FL.33405	(SAM	
·	BEA011,1 E.00400		
TICLE III PUR	POSE the corporation is organized is:	JSINESS	
purpose for which	the corporation is organized is.		ALEG OF TO
			ALL CONT
			PR
			FL
			RID
	· · · · · · · · · · · · · · · · · · ·		
TICLE V INI	ARES (100) ONE HUNDRE	<u>. </u>	
TICLE V INI	TIAL OFFICERS AND/OR DIRECTORS MIGUEL OROZCO PESIDENTE	<u>. </u>	HELEN ANGEL
TICLE V INI	TIAL OFFICERS AND/OR DIRECTOR: MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST.	<u>. </u>	1022 MCINTOSH
FICLE V INI Name and Title	MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST. WEST PALM BEACH,FL,	S Name and Title	1022 MCINTOSH WEST PALM BEACH,
FICLE V INI Name and Title	TIAL OFFICERS AND/OR DIRECTOR: MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST.	S Name and Title	1022 MCINTOSH
Name and Title Address	MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST. WEST PALM BEACH,FL,	S Name and Title Address:	1022 MCINTOSH WEST PALM BEACH, 33405
Name and Title Address	MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST. WEST PALM BEACH,FL, 33405	Name and Title Address: Name and Title	1022 MCINTOSH WEST PALM BEACH, 33405
Name and Title Address Name and Title	MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST. WEST PALM BEACH,FL, 33405	Name and Title Address: Name and Title	1022 MCINTOSH WEST PALM BEACH, 33405
Name and Title Address Name and Title	MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST. WEST PALM BEACH,FL, 33405	Name and Title Address: Name and Title	1022 MCINTOSH WEST PALM BEACH, 33405
Name and Title Address Name and Title Address	MIGUEL OROZCO PESIDENTE 1022 MCINTOSH ST. WEST PALM BEACH,FL, 33405	Name and Title Address: Name and Title Address:	1022 MCINTOSH WEST PALM BEACH, 33405

Name	and Title:	Name and Title:
Addr	ess	Address:
ARTICLE V	I REGISTERED AGENT	
The <u>name and</u>	I Florida street address (P.O. Box NOT acceptable) of	he registered agent is:
Name:	MIGUEL OROZCO	
Address:	1022 MCINTOSH ST	
	WEST PALM BEACH,FL.33405	
<i>ARTICLE VI</i> The <u>name</u> and	II INCORPORATOR address of the Incorporator is:	
Name:	HELEN ANGEL	
Address:	1022 MCINTOSH ST	
	WEST PALM BEACH,FL,33405	
	named as registered agent to accept service of process j , I am familiar with and accept the appointment as regi.	for the above stated corporation at the place designated in stered agent and agree to act in this capacity
mig	ruel O.	10/06/2014
•	Required Signature/Registered Agent	Date
	document and affirm that the facts stated herein are to be Department of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Atm	Hy	10/06/2014
	Required Signature/Incorporator	Date