P15000036615

| (Requestor's Name) | _ |
|---|------|
| | |
| (Address) | |
| | |
| (Address) | _ |
| | |
| (City/State/Zip/Phone #) | _ |
| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
| | |
| (Document Number) | |
| Certified Copies Certificates of Status | s |
| | |
| Special Instructions to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE

15 AFR 20 AM 9.

1#

COVER LETTER

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

| SUBJECT: A & J | Janitorial Serv | ices, Inc. | |
|--------------------------|--|-------------------------------------|---|
| | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) |
| Enclosed are an original | and one (1) copy of the art | icles of incorporation and | d a check for: |
| Filing Fee F | 3 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy | \$87.50. Filing Fee, Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | DPY REQUIRED |
| FROM: | | a Pena | |
| 902 | ^{Name} 5 Savannah Ju | (Printed or typed) Jlip Lane | |
| Orla | | Address | |
| <u> </u> | indo, Fl 32832 City, | State & Zip | |
| 772 | -418-1028 | | |
| | Daytime T | elephone number | |

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

anampena@bellsouth.net
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)



| The name of the corpor | ation shall be: A & J Janitoria | l Services, Inc. | 15 APR 20 AM 8: 08 |
|---|---|-----------------------|----------------------|
| | INCIPAL OFFICE Principal street address nah Julip Ln | Mailing ac | SECRETARY OF STATE |
| Orlando, FI | | | |
| ARTICLE III PUI The purpose for which | RPOSE the corporation is organized is: | ded cleaning services | to business or home. |
| | | | |
| | | | |
| ARTICLE IV SH The number of shares o | ARES 100 | | |
| | ttial officers and/or directo le: Ana Pena/CEO | | |
| Address | 9025 Savannah Julip Ln | . 11 | |
| | Orlando, FI 32832 | | |
| Name and Title | Justino Pena/COO | Name and Title: | |
| Address | 9025 Savannah Julip Ln | | |
| | Orlando,Fl 32832 | | |
| Name and Title | e: | | |
| Address | • | Address: | |
| | | | |



| , . Name and | Title: | Name and Title: | 15 APR 20 AM 8: 00 |
|--|--|---|--|
| Address | | Address: | SECRETARY OF STATE TAILAHASSEE, FLORIDA |
| | | | |
| ARTICLE VI | REGISTERED AGENT | | |
| The <u>name and Flo</u> | rida street address (P.O. Box NOT acceptable) of | the registered agent is: | |
| Name: | Justino Pena | • | |
| Address: | 9025 Savannah Julip Ln | | |
| | Orlando, FI 32832 | - | |
| ARTICLE VII | INCORPORATOR | | |
| The name and add | Iress of the Incorporator is: | | |
| Name: | Ana Pena | | |
| Address: | 9025 Savannah Julip Ln | | |
| | Orlando, FI 32832 | | |
| Having been nam this certificate, I a | ed as registered agent to accept service of process m familiar with and accept the appointment as reg | for the above stated corposite istered agent and agree to | act in this capacity |
| | Reparted Signature/Registered Agent | | 04/16/2015 Date |
| | Required Signature/Registered Agent | | / / Date |
| I submit this docu document to the D | ment and affirm that the facts stated herein are epartment of State constitutes a third degree felon | true. I am aware that the y as provided for in s.817. | false information submitted in a 155, F.S. |
| | Required Signature/Incorporator | | 04/16/2015 Vate |
| | H | | , , |