P15000087498

(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:			
W15-66370			





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ZUIS UCT 23 AM IO: 14
SECRETARY OF STATE
FALL AHASSEE, FLORIO;

OCT 2 6 2015

COVER LETTER

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

HEAVENLY CLEANING & PLUS SERVICES, INC.

20RIFCI:			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are ar	n original and one (1) copy of the ar	rticles of incorporation and	d a check for:
	.00 \$\frac{1}{24}\$78.75 Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM		ne (Printed or typed)	
	Address		
	KISSIMMEE, FL 34741		
	City, State & Zip		
	407-459-9171		
	Daytime	Telephone number	
	HEAVENLYCLEANINGPLUS@GM	AIL.COM	

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

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



October 6, 2015

GLORIA OTERO 1103 SPRING MEADOW DRIVE KISSIMMEE, FL 34741

SUBJECT: HEAVENLY CLEANING & PLUS SERVICES

Ref. Number: W15000066370

We have received your document for HEAVENLY CLEANING & PLUS SERVICES 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

Please return 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.

Teresa Brown Regulatory Specialist II

Letter Number: 415A00021144

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

Spring Meadow Drive Simmee, FL 34741 CLEIN PURPOSE	ailing address, if different is:
	DISOCT 23 MIO.
SIMMER, FL 34741	DISOCT 23 MILION
purpose for which the corporation is organized is:	EL 23 MI IO.
	Section 1
	<u> </u>
Market Control of the	
Name and Title: Gloria Otero - President Name and Title: Gloria Otero - President Name and Title: Address: 4 Vissimmee, FL 34741	Vigdaris Z Fragela
Address 1103 Spyring Weldow Drive Address: 4	575 Emerson lark brive
rissimmee, FL 34741 (Orlando, FL 3283
Lissimmee, FL 34741	Orlando, FL 3283
Name and Title: Name and Title: Name and Title:	
Name and Title: Name and Title:	
Name and Title: Name and Title:	
Name and Title: Name and Title:	

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:
Clair Dlago) of the registered agent is.
Name: Oloria Otero	— Deiva
Address: 1103 Spring Meadow Kissimmee, FL 3474	
Kissimmee, FL 3474	
ARTICLE VIII ANCORRORATOR	·
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	1
Name: Migdaris E. Frag	yela:
Address: 4575 Emerson Park	Drive Apt Sui
Name: Migdaris Z. Frag Address: 4575 Emerson Park Orlando, FL 328	39
	•
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and can	
days after the filing.)	more be more than the business days prior or 70 business.
Note: If the date inserted in this block does not meet the applical	ole statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's record	is.
Having been named as registered agent to accept service of proc	ess for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment as	
Maria Alwa	10,100 /15
Required Signature/Registered Agent	Date
A submit this document and affirm that the facts stated herein a	
document to the Department of State constitutes a third degree fe	tony as provided for in s.817.155, F.S.
Required Signature/Incorporator	10/30/13
required Signature-medipolator —	• Date