

2033 07:32 P15000096879

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000287271 3)))



H150002872713ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
ARNI CLEANING SERVICES INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 DEC -4 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

MD 12/7

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**H15000287271****ARTICLE I NAME:** The name of the corporation is:ARNI Cleaning Services INC**ARTICLE II PRINCIPAL OFFICE:** E F F E C T I V E : 1-1-16

The principal street address and mailing address is:

2693 W 9ct
Hialeah FL 33010**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Arturo Pedraza (P)
Cristina Valdivia (VP)
Bekis Menz (S)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not-acceptable) of the registered agent is:

Arturo Pedraza
2693 W 9ct
Hialeah FL 33010**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Arturo Pedraza
2693 W 9ct
Hialeah FL 33010

15 DEC-14 AM 9:28

H15000287271


10/15/2033 07:32

#2594 P.003/003

H15000287271

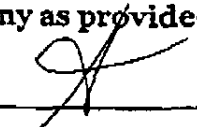
Required Signatures:

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



Registered Agent: _____ 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.



Incorporator: _____ Date: _____

15 DEC -4 AM 9:28
BOSTON, MA 02107

H15000287271