

12/03/2008 07:03

P.001 003

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.

(((H16000018581 3)))



H160000185813ABC

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 : I20000000019
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
CLEAN BUBBLE MAINTENANCE CORP

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

Corporate Filing Menu

Help

16 JAN 22 PM 2:00

FILED

16 JAN 22 PM 4:48

RECEIVED

RECEIVED

1/25/16

12/03/2033 07:03

#4060 P.002/003

H16000018581

FILED

16 JAN 22 PM 2:00

CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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: CLEAN BUBBLE MAINTENANCE CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address
2314 SW 15 STREET
MIAMI, FL. 33145

Mailing address, if different is:
2314 SW 15 STREET
MIAMI, FL. 33145

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ZAILY BENITEZ CABRERA P/T/S/D</u>	Name and Title:	_____
Address	<u>2314 SW 15 STREET</u>	Address:	_____
	<u>MIAMI, FL. 33145</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

H16000018581

H16000018581

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: ZAILY BENITEZ CABRERA
Address: 2314 SW 15 STREET
MIAMI, FL. 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ZAILY BENITEZ CABRERA
Address: 2314 SW 15 STREET
MIAMI, FL. 33145

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/22/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

(X) 
Required Signature/Registered Agent

01/22/2016

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.

(X) 
Required Signature/Incorporator

01/22/2016

Date

H16000018581