

6/7/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KRISJOENNA SERVICES, INC.
Account Number : I20080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

****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
EGAM VIDA CLEANER INC**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

RECEIVED

16 JUN -7 PM 12:38

TALLAHASSEE, FLORIDA

16 JUN -7 AM 8:15

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: EGAM VIDA CLEANER INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☒ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: ELISABELT GONZALEZ

Name (Printed or typed)

1290 W 41TH ST APT 204

Address

HIALEAH, FL 33012

City, State & Zip

786-879-4264

Daytime Telephone number

KJESERVICES@YAHOO.COM

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

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: EGAM VIDA CLEANER INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
1290 W 41TH ST APT 204 HIALEAH, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ALL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ELISABELT GONZALEZ. PRESIDENTAddress 1290 W 41TH ST APT 204 HIALEAH
FL 33012

Name and Title: _____

Address: _____

Name and Title: ABRAHAM MAYO. VICE PRESIDENTAddress 1290 W 41TH ST APT 204 HIALEAH
FL 33012

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

16 JUN - 7 AM 8:15

DIVISION OF CORPORATE & FINANCIAL SERVICES

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: ELISABELT GONZALEZ
Address: 1290 W 41TH ST APT 204 HIALEAH
FL, 33012

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ELISABELT GONZALEZ
Address: 1290 W 41TH ST APT 204
HIALEAH, FL 33012

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

+ [Signature] _____ 06/07/2016
Required Signature/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.

+ [Signature] _____ 06/07/2016
Required Signature/Incorporator Date