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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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From:

Account Name : CORP USA

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: (305)634-3694

Fax Number

: (305)633-9696

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

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<u>ش</u>	Email	Address:
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FLORIDA PROFIT/NON PROFIT CORPORATION FLORIDA CLEANING CONTRACTORS, INC.

Certificate of Status	
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Corporate Filing Menu

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## **COVER LETTER**

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

SUBJECT: Florida Cleuning Contractors, Inc.								
	(PROPOSED CORPORA	re name – <u>must incl</u>	DDE SOFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
☐ \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Centified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status					
	ADDITIONAL COPY REQUIRED							
FROM: Mihaela Zet  Name (Printed or typed)								
	3816 Windtree Court							
Branden, FL 33511 City, State & Zip								
	813-546-2361  Daytime Telephone number							
	Cornellzet@gmail.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)

RTICLE J NAME The name of the corporati	on shall be: Florida C	leaning	Contractors Inc.
RTICLE II PRINCI			Malling address, if different is:
RTICLE UI PURPO he purpose for which the	SE e corporation is organized is:		ny and all lawfull
			5
			Ce i
RTICLE IV SHARE the number of shares of s	S tock is: 100		PHI IN SE
RTICLE V INITIA	LOFFICERS ANDION DINECTORS Mihaela Zet-Presid	lest	Consil Zet-CED
	3816 Windtree Court Boandon, FL 33511	Address:	Boander, FL 33511
Name and Title:		Name and Title	
Address		Address:	
Name and Title:		Nune and Title	
Address		Address:	

Name and	Tide:	Name and Title:	
Address	· <del></del>	Address:	
	<del></del>		
	EGISTEREDAGENT		
The name and Fk	arida street address (P.O. Bux NOT acceptable)	of the registered agent is:	
Name:	Mihaela Zet	_	
Address:	3816 Windfree Court	<u> </u>	
	Boundon, FL 33511	-	
1041C/EVII I	**************************************		
	NCORPORATOR		E Comp
The name and ad	dress of the incorporator is:	•	
Name:	Mihuela Bet	<del>,</del>	3
Address:	3816 Windtoce Cours	<i>⊊</i> -	
	Brandon, FL 33511		
		<del></del>	जिल्ला के जिल्ला
ARTICLE VIII	EFFECTIVE DATE: 7/15/20	16	
	the is listed, the date must be specific and cans	(OPTIONAL)	i days prior or 90 business
Note: If the date in the document's eff	inserted in this block does not meet the applicable fective date on the Department of State's records	e statutory filing requirements,	this date will not be listed as
Having bean num this certificate, I a	ed as registered agent to accept service of proce in familiar with any accept the appointment as n	ss for the above stated corpora relistered agent and agree to ac	tion at the place designated (n t in this cupacity
	luh		7/15/2016
	Required Signature/Registered Agent		Date
i submit this docu	ment and affirm that the facts stated herein an epartment of State spossipates a third degree felo	true. I am aware that the fal	ise information submitted in a
evenuelit in the D	epis unone of state opissitutes a trura aegree feta	ny as province for in 1817-195	
Require	ed Signature/Incorporator	· · · · · · · · · · · · · · · · · · ·	7/15/2016 Date
			4-46-

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