

P16000061990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

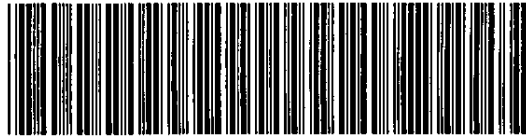
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TALLAHASSEE FLORIDA

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COVER LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: ERICK INDRA CLEANING SERVICES CORP.

(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ERISLEXIS OLIVA

Name (Printed or typed)

260 NW 44 AVENUE

Address

MIAMI FLORIDA 33126

City, State & Zip

7866143839

Daytime Telephone number

ERICKLEXIS@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)

ARTICLE I NAME

The name of the corporation shall be: ERICK INDRA CLEANING SERVICES CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

260 NW 44 AVENUE

260 NW 44 AVENUE

MIAMI FLORIDA 33126

MIAMI FLORIDA 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLEANING SERVICES - RESIDENTIAL AND COMMERCIAL

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERISLEXIS OLIVA, PRESIDENT

Name and Title: INDRA PEDRAZA, VICE PRESIDEN

Address: 260 NW 44 AVENUE

Address: 260 NW 44 AVENUE

MIAMI FLORIDA 33126

MIAMI FLORIDA 33126

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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: ERISLEXIS OLIVA
Address: 260 NW 44 AVENUE
MIAMI FLORIDA 33126

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ERISLEXIS OLIVA
Address: 260 NW 44 AVENUE
MIAMI FLORIDA 33126

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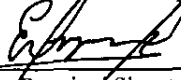
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/18/2016. (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

 07/18/2016
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.

 07/18/2016
Required Signature/Incorporator Date