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(Requestor's Name)

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PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

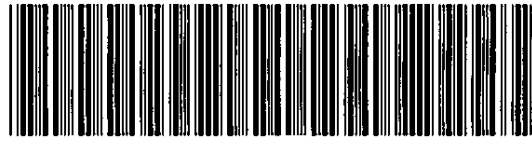
Certified Copies _____ Certificates of Status _____

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T. SCOTT



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16 JUL 22 AM 9:10

COVER LETTER

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

SUBJECT: FLORIDA GREEN CLEANING, 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JUANA ESTRADA
Name (Printed or typed)

236 AFTON SQUARE, UNIT 201
Address

ALTAMONTE SPRINGS, FL 32714
City, State & Zip

321-948-8332
Daytime Telephone number

luisahodgkins@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 FLORIDA GREEN CLEANING, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

236 AFTON SQUARE, UNIT 201

ALTAMONTE SPRINGS, FL 32714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL ACTIVITY

ARTICLE IV SHARES

The number of shares of stock is: 100

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUANA ESTRADA, PRESIDENT Name and Title: _____

Address 236 AFTON SQUARE, UNIT 201 Address: _____

ALTAMONTE SPRINGS, FL 32714 _____

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: JUANA ESTRADA
 Address: 236 AFTON SQUARE, UNIT 201
ALTAMONTE SPRINGS, FL 32714

ARTICLE VII INCORPORATOR

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

Name: JUANA ESTRADA
 Address: 236 AFTON SQUARE, UNIT 201
ALTAMONTE SPRINGS, FL 32714


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.

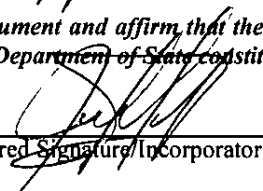
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent

7/19/2016
 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.



 Required Signature/Incorporator

7/19/2016
 Date