## P16000075368

(Requestor's Name)				
(Add	dress)			
(Ad	dress)			
(/ tu	uress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
<del></del>	<u> </u>	_		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
	-			
Special Instructions to	Filing Officer:			
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Office Use Only



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16 SEP -8 PM12: 36

2 09/14/16

## **COVER LETTER**

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

SUBJECT: JAIMES	S CLEANING SOLUTIONS, INC		
SOBSECT.	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d 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 REQUIRE	
FROM:		e (Printed or typed)	
268	26 CLENWOOD DRIVE		
		Address	
WE	SLEY CHAPEL, FLORIDA 33544		
	City	, State & Zip	
813	-379-1297		
<del></del>	Daytime 1	Felephone number	
JUC	CAJABA@HOTMAIL.COM		
*AAAMAAMAA	E-mail address: (to be use	ed 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)

<i>ticle II Prin</i> 826 Glenwood	Principal street address	Mailing address, if different is:			
ESLEY CHAPEL,			· · ·		
					16
	the corporation is organized is:	ALL LAWFUL B	USINESS.	16 SEP	HOISI
ESIDENTIAL AND COMMERCIAL CLEANING			·····	<u>,</u>	<u> </u>
			- <b>-</b> "	7	CORPURATION
<u> </u>				į.	\$ \frac{2}{2}
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			<del></del>		
TICLE IV SHA e number of shares of	RES 100 of stock is:				
TICLE V INIT  Name and Ti	ILIAN CAPLOS TAIMES DESCRENT		:		
e number of shares of the shar	of stock is:  IAL OFFICERS AND/OR DIRECTORS  ILLE:  JUAN CARLOS JAIMES- PRESIDENT	Name and Title Address:	:		
e number of shares of the state	IAL OFFICERS AND/OR DIRECTORS  JUAN CARLOS JAIMES- PRESIDENT  26826 GLENWOOD DRIVE  WESLEY CHAPEL, FL 33544	Address:			
TICLE V INIT  Name and Ti  Address  Name and Tit	IAL OFFICERS AND/OR DIRECTORS  JUAN CARLOS JAIMES- PRESIDENT  26826 GLENWOOD DRIVE  WESLEY CHAPEL, FL 33544  MARIA ISABEL RODRIGUEZ TORRES,  SECRETARY	Address:  Name and Title	:		
e number of shares of the state	of stock is:  IAL OFFICERS AND/OR DIRECTORS  JUAN CARLOS JAIMES- PRESIDENT  26826 GLENWOOD DRIVE  WESLEY CHAPEL, FL 33544  MARIA ISABEL RODRIGUEZ TORRES.	Address:  Name and Title			
TICLE V INIT  Name and Ti  Address  Name and Tit	IAL OFFICERS AND/OR DIRECTORS  JUAN CARLOS JAIMES- PRESIDENT  26826 GLENWOOD DRIVE  WESLEY CHAPEL, FL 33544  MARIA ISABEL RODRIGUEZ TORRES,  SECRETARY	Address:  Name and Title			
e number of shares of the control of	IAL OFFICERS AND/OR DIRECTORS  JUAN CARLOS JAIMES- PRESIDENT  26826 GLENWOOD DRIVE  WESLEY CHAPEL, FL 33544  MARIA ISABEL RODRIGUEZ TORRES,  SECRETARY  26826 GLENWOOD DRIVE	Address:  Name and Title Address:			

Name a	and Title:	Name and Title:	
Addre	SS	Address:	
		<del>-</del>	
		<del></del>	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered equation	
Name:	JUAN CARLOS JAIMES	or the registered agent is.	. V
Address:	26826 GLENWOOD DRIVE	_	IS SEP
	WESLEY CHAPEL, FLORIDA 33544		FTAR NOF C
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		PH 12: 36
The <u>name and</u>	address of the Incorporator is:		3 AA
Name:	JUAN CARLOS JAIMES		6 OK
Address:	26826 GLENWOOD DRIVE	_	•
	WESLEY CHAPEL, FLORIDA 33544	_	
<u>ARTICLE VIII</u>	I EFFECTIVE DATE:		
Effective date,	if other than the date of filing:		
days after the	edate is listed, the date must be specific and can filing.)	not be more than five business days prior	or 90 business
Note: If the dathe document's	ate inserted in this block does not meet the applicable of State's records	e statutory filing requirements, this date will	I not be listed as
Having been n this certificate,	amed as registered agent to accept service of proce I am fumiliar with and accept the appointment as r	ss for the above stated corporation at the plegistered agent and agree to act in this capa	ace designated in city
	10/6	9/4/2016	
Required Signature/Registered Agent			Date
I submit this d document to th	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felo	e true. I am aware that the false informations as provided for in s.817.155, F.S.	on submitted in a
	(1/0	9/4/2016	
Red	uired Signature/Incorporator		Date