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COVER LETTER

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

SUBJECT: Havana Cleaning Services, 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	☐ $78.75 Filing Fee & Certified Copy	■ $87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Felipe Oliveros
Name (Printed or typed)

4350 NW 9 ST Apt. B109
Address

Miami, Florida 33126
City, State & Zip

305-607-8094
Daytime Telephone number

felipeoliveros@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Havana Cleaning Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Felipe Oliveros

4350 NW 9 ST Apt. B109

Miami, Florida 33126

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Janitorial Service

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Felipe Oliveros, President

Address: 4350 NW 9 ST Apt. B109
Miami, FL. 33126

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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: Felipe Oliveros

Address: 4350 NW 9 ST Apt. B109

Miami, Florida 33126

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ARTICLE VII INCORPORATOR

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

Name: Felipe Oliveros

Address: 4350 NW 9 ST Apt. B109

Miami, Florida 33126

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/12/2016. (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

_____ 09/12/2016

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.

_____ 09/12/2016

Required Signature/Incorporator Date