

P16000078580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

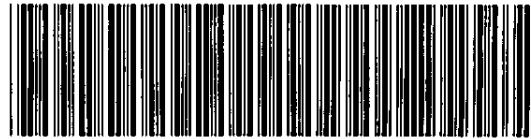
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200290299212

09/26/16--01037--006 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 26 AM 11:05

09/27/16

## COVER LETTER

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

**SUBJECT:** US Master 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Roberto Figueroa Larrea  
\_\_\_\_\_  
Name (Printed or typed)

4117 W. Gray St.  
\_\_\_\_\_  
Address

Tampa, FL 33609  
\_\_\_\_\_  
City, State & Zip

813-801-2096  
\_\_\_\_\_  
Daytime Telephone number

larrea1979@yahoo.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: US Master Cleaning Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4117 W. Gray St.

Tampa, FL 33609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: start-up business for cleaning services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Roberto Figueroa Larrea, President

Name and Title: \_\_\_\_\_

Address 4117 W. Gray St

Address: \_\_\_\_\_

Tampa, FL 33609

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 SEP 26 AM 11:05

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: Roberto Figueroa Larrea  
 Address: 4117 W. Gray St  
 Tampa, FL 33609

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 16 SEP 26 AM 11:05

**ARTICLE VII INCORPORATOR**

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

Name: Roberto Figueroa Larrea  
 Address: 4117 W. Gray St  
 Tampa, FL 33609

**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  
 9/22/2016  
 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  
 09/22/2016  
 Date