

P16000087539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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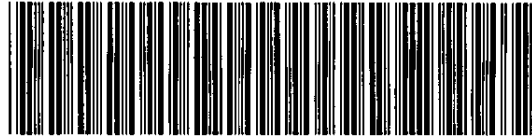
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. MOON

OCT 24 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 3, 2016

IRIS GONZALEZ
1411 SW 124 COURT, APT. A
MIAMI, FL 33184

SUBJECT: JOJE CLEANING SERVICES INC.
Ref. Number: W16000067627

RECEIVED
16 OCT 24 PM 4:19
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for JOJE CLEANING SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The number of shares of stock must be a whole number.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Matthew T Moon
Regulatory Specialist II

Letter Number: 216A00021148

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: JOJE 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 ☐ \$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: IRIS GONZALEZ

Name (Printed or typed)

1411 SW 124 COURT APT A

Address

MIAMI, FLORIDA 33184

City, State & Zip

786-378-2377

Daytime Telephone number

igonzalez61966@yahoo>com

E-mail address: (to be used for future annual report notification)

16 OCT 24 PM 3:07

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: JOJE CLEANING SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1411 SW 124 COURT APT # A

Mailing address, if different is:

MIAMI, FLORIDA 33184

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: IS A LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: \$0.01 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IRIS GONZALEZ

Name and Title: _____

Address 1411 SW 124 COURT

Address: _____

APT # A

MIAMI, FLORIDA 33184

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

16 OCT 26 PM 3:07

FILED
STATE
TALLAHASSEE

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: IRIS GONZALEZ

Address: 1411 SW 124 COURT , APT # A

MIAMI, FLORIDA 33184

16 OCT 24 PM 3:07
SECRETARY OF STATE
FLORIDA

ARTICLE VII INCORPORATOR

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

Name: NICOLA LEGAL CONSULTING INC.

Address: 12150 SW 128 COURT SUITE # 206

MIAMI, FLORIDA 33186

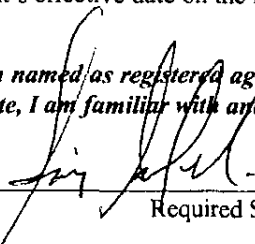
ARTICLE VIII EFFECTIVE DATE:

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.

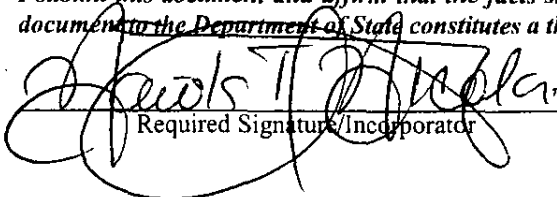
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

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

Date