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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
PRESSURE WASHING USA CORP**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

119235

Electronic Filing Menu

Corporate Filing Menu

Help

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### COVER LETTER

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

SUBJECT: Pressure Washing USA Corp  
(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: Sebastian Saad  
Name (Printed or typed)

5715 NW 84<sup>th</sup> Ave  
Address

Doral, FL 33146  
City, State & Zip

786 587 8059  
Daytime Telephone number

bwp cleaners@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**

The name of the corporation shall be: Pressure Washing USA Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5715 NW 84<sup>th</sup> Ave  
Doral, FL 33166

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and  
all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 \$1.00 par value

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

Name and Title: Maykel Garcia (Pres) Name and Title: Sebastian Saad (VP)

Address: 5601 NW 5<sup>th</sup> St Address: 5715 NW 84<sup>th</sup> Ave  
Apt 45 Doral, FL 33166  
Miami, FL 33126

Name and Title: Gabriel Vera (Sec)

Address: 5715 NW 84<sup>th</sup> Ave  
Doral, FL 33166

Name and Title:

Address:

Name and Title:

Address:

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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: Maykel Garcia  
 Address: 5601 NW 5th St Apt 45  
Miami, FL 33126

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maykel Garcia  
 Address: 5601 NW 5th St Apt 45  
Miami, FL 33126

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**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 days prior or 90 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  
 12/8/16  
 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  
 12/8/16  
 Date