P16000101076

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	∍ #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	Certificates	s of Status		
	_			
<u> </u>				
Special Instructions to	Filing Officer:			
3				

Office Use Only



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12/28/16

<u>AFFIDAVIT</u>

BEFORE ME, the undersigned authority, on this day personally appeared **DANIEL ESTRADA**, who after being firstly duly sworn, under oath, deposes and says:

- The undersigned is also the sole Director and the President of DABRY CLEANERS CORP., a Florida corporation to be filed with the Florida Department Of State on or about JANUARY 1ST 2017.
- 2. The undersigned hereby consents to and authorizes the use by **DABRY CLEANERS CORP** of the name **DABRY CLEANERS CORP**.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of Reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, **DANIEL ESTRADA**, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 22nd day of DECEMBER, 2016

Notary Public Mignature 28294 EXPIRES June 2, 2018

107) 398-0153 FloridaNotaryService.com

COVER LETTER

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

SUBJECT:	CLEANERS CORP				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)		
Enclosed are an orig	ginal 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 ADDITIONAL CO	& Certificate of Status		
		ADDITIONAL CO	OF I REQUIRED		
ED OM.	PLUS CORP				
	Name (Printed or typed)				
365	3650 NW 82ND AVE SUITE 404				
	Address				
DO	DORAL, FL 33166				
-	City, State & Zip				
305	4063800				
	Daytime Telephone number				
ATI	PLUS@LIVE.COM				
	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)

ARTICLE II PRIN	<u>CIPAL OFFICE</u> Principal <u>street</u> address	M 18400 NW	failing address, it	f different is:
1625 N HIATUS RD PEMBROKE PINES,	FL 33026	MIAMI, F		
				
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	O ALL LAWFUL BU	ISINESS	
_				910 11810 11810
				8 DEC 2
				7 57 50 50 50 50 50 50 50 50 50 50 50 50 50
ARTICLE IV SHAR The number of shares o ARTICLE V INITI				<u> </u>
The number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS DANIEL ESTRADA PRESIDENT			
The number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS DANIEL ESTRADA PRESIDENT			<u>.</u>
The number of shares o ARTICLE V INITI Name and Tit.	f stock is: AL OFFICERS AND/OR DIRECTORS DANIEL ESTRADA PRESIDENT e: 18400 NW 75TH PL			<u>n</u> :
The number of shares o ARTICLE V INITI Name and Tit. Address	AL OFFICERS AND/OR DIRECTORS e: DANIEL ESTRADA PRESIDENT 18400 NW 75TH PL MIAMI, FL 33015	Address:		<u></u>
The number of shares o ARTICLE V INITE Name and Tit. Address Name and Title	AL OFFICERS AND/OR DIRECTORS e: DANIEL ESTRADA PRESIDENT 18400 NW 75TH PL MIAMI, FL 33015	Address:		<u>.</u>
The number of shares o ARTICLE V INITI Name and Tit. Address	AL OFFICERS AND/OR DIRECTORS e: DANIEL ESTRADA PRESIDENT 18400 NW 75TH PL MIAMI, FL 33015	Address: Name and Title: Address:		<u></u>
The number of shares o ARTICLE V INITE Name and Tit. Address Name and Title	AL OFFICERS AND/OR DIRECTORS E: DANIEL ESTRADA PRESIDENT 18400 NW 75TH PL MIAMI, FL 33015	Address: Name and Title: Address:		<u>.</u>
The number of shares of ARTICLE V INITE Name and Tit. Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS E: DANIEL ESTRADA PRESIDENT 18400 NW 75TH PL MIAMI, FL 33015	Address: Name and Title: Address:		<u>.</u>

Name ar	nd Title:	Name and Title:
Address	s	Address:
	REGISTERED AGENT Clorida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	DANIEL ESTRADA	
Address:	18400 NW 75TH PL	
	MIAMI, FL 33015	SECKE IA IVISION O 2016 DEC
ARTICLE VII	INCORPORATOR	HOF C
The name and a	ddress of the Incorporator is:	
Name:	DANIEL ESTRADA	
Address:	18400 NW 75TH PL	
	MIAMI, FL 33015	<u> </u>
Effective date, if (If an effective of filing.) Note: If the date	•	cannot be more than five days prior or 90 days after the licable statutory filing requirements, this date will not be listed as
		process for the above stated corporation at the place designated i t as registered agent and agree to act in this capacity
Janel &	stude	12/22/2016
9-7-	Required Signature/Registered Age	nt Date
	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information submitted in the felony as provided for in s.817.155, F.S.
Daniel.	Estade	12/22/2016
Requ	ned Signature/Incorporator	Date