

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**PI700013241**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000040534 3))



H170000405343ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

\*\*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**  
**MARLENE CLEANING SERVICES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FEB 13 2017

T. SCOTT

RECEIVED  
 AND  
 FILED  
 DIVISION OF STATE  
 CORPORATIONS  
 FLORIDA  
 FEB 10 AM 9:19

C

(H17000040S34 3)

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

**ARTICLE I NAME**  
The name of the corporation shall be: MARLENE CLEANING SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 7801 RAMONA STREET Mailing address, if different is: SAME  
MIRAMAR, FL 33023

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: MARLENE RAMSOOK, PRESIDENT Name and Title: \_\_\_\_\_  
Address: 7801 RAMONA STREET Address: \_\_\_\_\_  
MIRAMAR, FL 33023

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

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

RECEIVED  
17 FEB 10 AM 9:19  
STATE  
SECRETARIES  
OFFICE

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: MARLENE RAMSOOK  
 Address: 7801 RAMONA STREET  
MIRAMAR, FL 33023

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: MARLENE RAMSOOK  
 Address: 7801 RAMONA STREET  
MIRAMAR, FL 33023

**ARTICLE VIII EFFECTIVE DATE:**

FEBRUARY 6, 2017 (OPTIONAL)

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*

Marlene Ramsook 02/09/2016  
 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.*

Marlene Ramsook 02/09/2016  
 Required Signature/Incorporator Date

(H17000040534 3)