

P/7000028724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

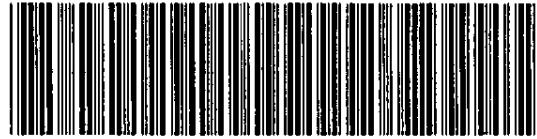
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/28/17--01026--005

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*478.75

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17 MAR 28 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/30/17

COVER LETTER

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

SUBJECT: Clean maids 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: Julia Greenberg - Aguilar

Name (Printed or typed)

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

santosemma89@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: Clean maids Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1901 Linhart Ave., Apt.5

Fort Myers, FL 33901

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning Business

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ARTICLE IV SHARES

The number of shares of stock is: 5000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EMMA SANTOS- President

Name and Title: EMMA SANTOS- Vicepresident

Address 1901 Linhart Ave., Apt.5

Address: 1901 Linhart Ave., Apt.5

Fort Myers, FL 33901

Fort Myers, FL 33901

Name and Title: EMMA SANTOS- Secretary

Name and Title: EMMA SANTOS- Treasurer

Address 1901 Linhart Ave., Apt.5

Address: 1901 Linhart Ave., Apt.5

Fort Myers, FL 33901

Fort Myers, FL 33901

Name and Title:

Name and Title:

Address

Address:

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: Incorp Services, Inc
Address: 17888 67th Court North
Loxahatchee, FL 33470

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Elena Malevska
Address: 1 Radisson Plaza, Ste.800
New Rochelle, NY 10801

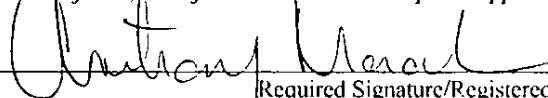
ARTICLE VIII EFFECTIVE DATE:

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.

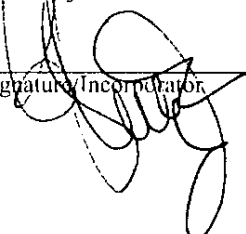
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
3/21/2017

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
3/21/2017

Date