

P17000039525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

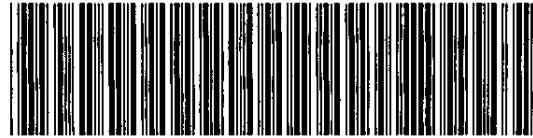
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FILED
17 MAY -2 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 05/01/17

h 05/03/17

COVER LETTER

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

SUBJECT: Detail Demons 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: Carlos Aguirre
Name (Printed or typed)

2970 sw 23 terrace
Address

Miami, Florida 33145
City, State & Zip

786-873-7909
Daytime Telephone number

Carlosaguirre1993@yahoo.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: Detail Demons Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2970 sw 23 terrace

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Our precise detailing
Services exceed our valuable clients every demand with
no interference to their schedule. Our purpose is to
provide our clients with top of the line auto
detailing.

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Aguirre, CEO Name and Title: _____

Address 2970 sw 23 ter. Address: _____
Miami, FL
33145

Name and Title: Luis Rivas, CFO Name and Title: _____

Address 13471 sw 282 ter. Address: _____
Homestead, FL
33030

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

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: Luis Rivas

Address: 13471 sw 282 ter.

Homestead, FL 33030

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Carlos Aguirre

Address: 2970 sw 23 ter

Miami, FL 33145

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: May 1st, 2017 (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

04/25/17

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

04/25/17

Date