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**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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Phone : (305)552-5973
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****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
MAS CLEANING SERVICE INC.**

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

N. SAMS

MAY 23 2017

17 MAY 22 PM 4:49

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

FILED
17 MAY 22 PM 3:21
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

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ARTICLE I NAME: The name of the corporation is:

MAS CLEANING SERVICE INC.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

19440 NW 4th AVE.
MIAMI FL 33169

ARTICLE III SHARES: The number of shares of stock is: 500

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

① ELISABET CARLINI (President)
19440 NW 4th AVE.
MIAMI, FL 33169

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ELISABET CARLINI
19440 NW 4th AVE
MIAMI FL 33169

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

ELISABET CARLINI
19440 NW 4th AVE
MIAMI FL 33169


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Required Signatures:

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

x  05-18-2017
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.

x  05-18-2017
Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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