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September 6, 2017

MARIA MARTINEZ 1905 1ST S.W. RUSKIN, FL 33570

SUBJECT: SOUTH BAY CLEANING SERVICES CORP

Ref. Number: W17000072609

We have received your document for SOUTH BAY CLEANING SERVICES CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 617A00018335



## **COVER LETTER**

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

| SUBJECT: SQ  | PROPOSER GORPORA                           | TE NAME MUST INCL                          | UDE SUFFIX)   |
|--|--|--|---|
| Enclosed are an orig   | ginal and one (1) copy of the arti         | icles of incorporation and                 | d a check for:  |
| \$70.00 Filing Fee   | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy      | S87.50 Filing Fee, Certified Copy & Certificate of Status |
|  |  | ADDITIONAL CO                              | DPY REQUIRED  |
| FROM:  | Maria Martii                               | nez  |   |
|  | Name                                       | (Printed or typed)                         |   |
| _  |  | Address                                    | <del></del>   |
| <u>\( \lambda \) \( \lambda \) \</u> | uskin H 3                                  | State & Zip                                | <del></del>   |
|  | (515)5510 -<br>Daytime Te                  | lelephone number                           |   |
| 5  | E-mail address: (to be used                | inocenings<br>for futilire annual report r | Con Ogamil. Com   |

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)

| The name of the corp                                | oration shall be:                         | ucleaning Services Corr           |
|---|---|-----------------------------------|
| ARTICLE II PR                                       | INCIPAL OFFICE Principal street address   |                                   |
| 1905 1st  |   | Mailing address, if different is: |
| Pushin 3  | FL 33570                                  |                                   |
|   |   |                                   |
| ARTICLE III PUF The purpose for which               | RPOSE th the corporation is organized is: | coing                             |
|   |   |                                   |
|   |   |                                   |
|   |   |                                   |
| ARTICLE IV SHA The number of shares  ARTICLE V INIT | of stock is:                              |                                   |
|   | tle: Maria Martine                        |                                   |
| Address   | 1000-1-1-01-                              | Address:                          |
|   | Ruskin FL 335                             | <del>70</del>                     |
|   | <del></del>                               |                                   |
| Name and Titl                                       | e:  | Name and Title:                   |
| Address   |   |                                   |
|   |   |                                   |
|   |   |                                   |
| Name and Title                                      | e:  | Name and Title:                   |
| Address   |   |                                   |
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| Name and Title:  | Name and Title:   |  |  |  |
|--|---|--|--|--|
| Address  | Address:  |  |  |  |
| <del></del>  |   |  |  |  |
|  |   |  |  |  |
|  |   |  |  |  |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (D.C. 1)   |   |  |  |  |
| The name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name and Florida street address (P.O. Box NOT acceptable) of the name address (P.O. B | the registered agent is:  |  |  |  |
| Name: ITYNICITIANTINEZ   |   |  |  |  |
| Address: 405 16+ 860   |   |  |  |  |
| Ruskin FL 33570  |   |  |  |  |
| ARTICLE VII INCORPORATOR   |   |  |  |  |
| The name and address of the Incorporator is:   |   |  |  |  |
| Name: Maria Martinez   |   |  |  |  |
| Address: 1905 1st 500  |   |  |  |  |
| Ruskin FL, 33570   |   |  |  |  |
| ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 8-25-20  (If an effective date is listed, the date must be specific and cannot lifting.)   | . (OPTIONAL)  De more than five days prior or 90 days after the   |  |  |  |
| Note: If the date inserted in this block does not meet the applicable stathe document's effective date on the Department of State's records.   | atutory filing requirements, this date will not be listed as  |  |  |  |
| Having been named as registered agent to accept service of process for<br>this certificate, I am familiar with and accept the appointment as regist  | or the above stated corporation at the place designated in<br>tered agent and agree to act in this capacity |  |  |  |
| Required Signature Registered Agent  | 8-25-17   |  |  |  |
| submit this document and affirm that the facts stated herein are tru   | ve. I am aware that the false information submitted in a  |  |  |  |
| locument to the Department of State constitutes a third degree felony as provided for in \$.817.155, F.S.  |   |  |  |  |
| Required Signature/Incorporator  | 8-25-17<br>Date   |  |  |  |
| \ 1  | — — — — — — — — — — — — — — — — — — —   |  |  |  |