

PM 000 079 246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

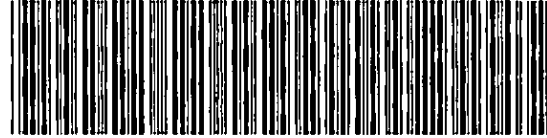
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/19/17--01019--004 \*\*70.00

09/19/17  
01019  
004

WM-75065



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2017

DANIELA PEREVIA  
9404 FOREST HILLS CIR  
TAMPA, FL 33672

SUBJECT: TAMPA BAY CLEANING PROFESSIONALS CORP  
Ref. Number: W17000075065

We have received your document for TAMPA BAY CLEANING PROFESSIONALS CORP and your check(s) totaling \$70.00. 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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://dos.myflorida.com/sunbiz/search/guides/corporation-records/title-abbreviations/>

Please return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 717A00019071

RECEIVED  
17 SEP 29 PM 3:19  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

SEP 20 2017  
TAMPA

## COVER LETTER

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

SUBJECT: TAMPA BAY CLEANING PROFESSIONALS INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) INCORP

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: DANIELA PEREIRA  
Name (Printed or typed)

9404 FOREST HILLS CIR  
Address

TAMPA FL 33612  
City, State & Zip

813-447-7050  
Daytime Telephone number

TAMPA BAY CLEANING 75 (C) 40100.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: TAMPA BAY CLEANING PROFESSIONALS  
CORP

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
9904 FOREST HILLS  
CIR TAMPA FL 33612

Mailing address, if different is:  
PO BOX  
261684 TAMPA  
FL 33685

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title:	<u>DANIELA PENNY</u>	Name and Title:	_____
Address	<u>PO BOX 261684</u>	Address:	_____
	<u>TAMPA FL 33685</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title: DANIELA PEREIRA Name and Title: \_\_\_\_\_  
Address: PO BOX 261684 Address: \_\_\_\_\_  
TAMPA FL 33685 \_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: DANIELA PEREIRA  
Address: 9404 FOREST HILLS  
TAMPA FL 33612

**ARTICLE VII INCORPORATOR**

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

Name: DANIELA PEREIRA  
Address: PO BOX 261684  
TAMPA FL 33685

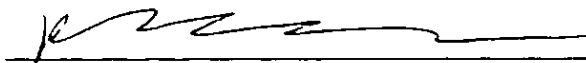
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9-13-17 (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

9-13-17  
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

9-13-17  
Date