

P17000096067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

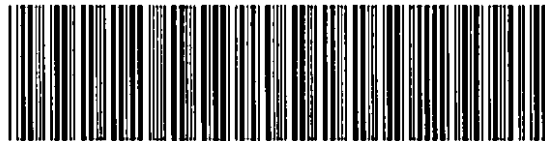
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only

N. SAMS
DEC 05 2017



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10/25/17--01020--009 **78.75

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17 DEC -4 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



17 DEC -4 7:11:32

FLORIDA DEPARTMENT OF STATE
Division of Corporations

REGISTRATION SERVICES
INFORMATION SERVICES

November 16, 2017

JUAN DE LEON
2754 NW 29TH TERRACE
OAKLAND PARK, FL 33311

SUBJECT: DE LEON FLOOR RESTORATION & CLEANING CONTRACTORS
CORP
Ref. Number: W17000091518

We have received your document for DE LEON FLOOR RESTORATION & CLEANING CONTRACTORS 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):

You failed to make the correction(s) requested in our previous letter.

Please sign the highlighted areas on the document.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 717A00023234

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

17 DEC -4 PM 1:37

SECRETARY OF STATE
INFORMATION SERVICES

October 26, 2017

JUAN DE LEON
2754 NW 29TH TERRACE
OAKLAND PARK, FL 33311

SUBJECT: DE LEON FLOOR RESTORATION & CLEANING CONTRACTORS
CORP
Ref. Number: W17000085727

We have received your document for DE LEON FLOOR RESTORATION & CLEANING CONTRACTORS 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):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 017A00021640

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DE LEON FLOOR RESTORATION & CLEANING CONTRACTORS 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 ☒ \$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: JUAN DE LEON
Name (Printed or typed)

2754 NW 29TH TERRACE
Address

OAKLAND PARK, FL 33311
City, State & Zip

954-535-9319
Daytime Telephone number

deleoncl@aol.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

October 6, 2017

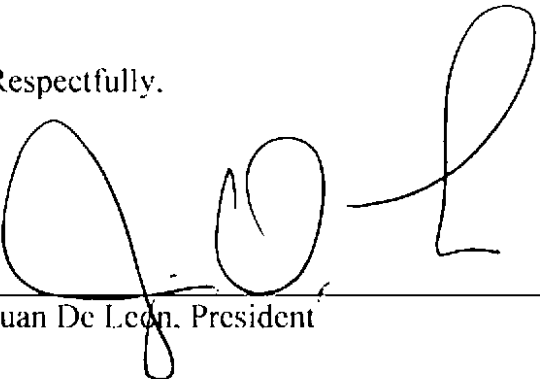
Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(850) 245-6052

Affidavit – Use of Name: De Leon Floor Restoration & Cleaning Contractors,
Corp.

I hereby authorize the use of the above reference name, without restrictions or conditions,
in the accompanying filing.

Respectfully,



Juan De Leon, President

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TALLAHASSEE, FLORIDA

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME
The name of the corporation shall be: DE LEON FLOOR RESTORATION & CLEANING CONTRACTORS CORP

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Any and all lawful business'.

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: JUAN DE LEON

Address: 2754 NW 29TH TERRACE

OAKLAND PARK, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JUAN DE LEON

Address: 2754 NW 29TH TERRACE

OAKLAND PARK, FL 33311

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TALLAHASSEE, FLORIDA

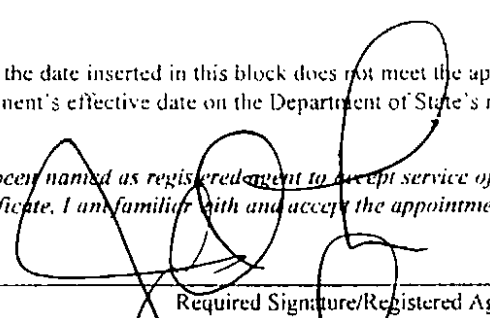
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/06/17 (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

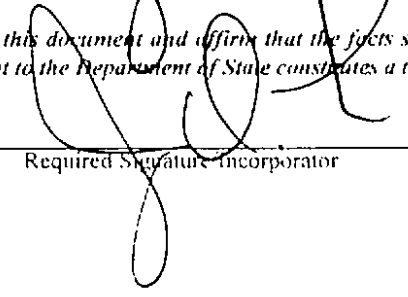


Required Signature/Registered Agent

10/06/17

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

10/6/17
Date