

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : CONSTRUCTION & ENGINEERING SCHOOL INC.
Account Number : I20170000070
Phone : (305) 226-8727
Fax Number : (305) 226-8767

****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
PMG CLEANING CORP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

REGISTRAR OF STATE
TALLAHASSEE, FLORIDA

2018 FEB 21 AM 8:43

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COVER LETTER

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

SUBJECT: PMG CLEANING 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: LUCIA ESTRELLA
Name (Printed or typed)

8300 WEST FLAGLER ST SUITE 114
Address

MIAMI, FL 33144
City, State & Zip

(305)226-8727
Daytime Telephone number

RUTHLEDESMA@BELLSOUTH.NET
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 NAMEThe name of the corporation shall be: PMG CLEANING CORPARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

26020 SW 133 CTHOMESTEAD, FL 33032ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSPresid. Santiesteban Fernandez,Julio Cesar

Address:

Address: 26020 SW 133 CTHomestead, FL 33032

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
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: JULIO CESAR SANTIESTEBAN FERNANDEZ
Address: 26020 SW 133 CT
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JULIO CESAR SANTIESTEBAN FERNANDEZ
Address: 26020 SW 133 CT
HOMESTEAD, FL 33032

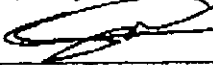
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/19/2018 (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

02/19/2018

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

02/19/2018

Date