

5/29/2018



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

From: Account Name : NEW LIFE COMPANY, INC.
Account Number : I20150000122
Phone : (786)218-4201
Fax Number : (305)824-8858

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: opencorp@yahoo.com

RECEIVED

2018 JUN -6 AM 10:55

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA PROFIT/NON PROFIT CORPORATION
SARMIENTO'S CLEANING SERVICES CORP**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
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5/31/2018 10:12:59 AM PAGE 1/001 Fax Server



May 31, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NEW LIFE COMPANY, INC

SUBJECT: SARMIENTO'S CLEANING SERVICES CORP
REF: W18000051160

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

You must list at least one incorporator with a complete business street address.

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.

Catherine M Wood
Regulatory Specialist II

FAX Aud. #: H18000163793
Letter Number: 118A00011276

ARTICLES OF INCORPORATION**FOR****SARMIENTO'S CLEANING SERVICES CORP.**

THE UNDERSIGNED, has execute the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of the corporation shall be:

SARMIENTO'S CLEANING SERVICES CORP.**ARTICLE II**

This corporation shall commence existence upon the filling of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

Principal place of business address:

34 W 41 ST
HIALEAH, FL 33012

The mailing address of the corporation is:

34 W 41 ST
HIALEAH, FL 33012

ARTICLE III**PURPOSE:**

The general nature of the business and objects and purposed to be transacted and carried by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz

- 1) Transact any and all lawful business

ARTICLE IV**SHARES:**

In this agreement the party the party shall be The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 1000 shares, having an individual per value of \$10.00 and the share of each shareholder are as follows:

MARIA DEL CARMEN SARMIENTO
34 W 41 ST
HIALEAH, FL 33012

100%

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 JUN -6 AM 9:28

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ARTICLE V**REGISTERED AGENT:**

The name and Florida Street address of the registered agent is:

MARIA DEL CARMEN SARMIENTO
34 W 41 ST
HIALEAH, FL 33012

ARTICLE VI

The name and address of the incorporator shall be:

MARIA DEL CARMEN SARMIENTO
34 W 41 ST
HIALEAH, FL 33012

ARTICLE VII

The initial officer(s) and/or director(s) of the corporation is/are

Title: P

MARIA DEL CARMEN SARMIENTO
34 W 41 ST
HIALEAH, FL 33012

ARTICLE VIII**EFFECTIVE DATE:**

*IN WITNESS WHERE OF, the undersigned incorporator has we executed these Article of
Incorporation this 05/29/2018 .*

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as a registered agent.

Signature: _____

Signature/Registered Agent

5/29/2018
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.

Signature: _____

Required Signature/Incorporator

5/29/2018
Date