

P18000057020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

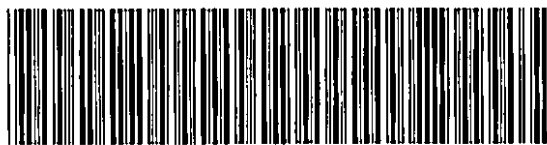
(Document Number)

Certified Copies _____ Certificates of Status _____

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18 JUN 26 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

JUN 27 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2018

BLANCA O HURTADO
1515 NW 19TH ST #2
MIAMI, FL 33125

SUBJECT: MIAMI LUZ CLEANING SERVICES, INC
Ref. Number: W18000024354

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

Thank you for the corrected Articles. However, it has come to my attention that payment has not been received by this office for your application. The copy of your money order was received, but there is no validation code on the money order. This code is typically printed on the back of the money order. If possible, please provide a copy of the reverse side of the money order or contact me to discuss further.

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: 718A00010533

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TALLAHASSEE, FLORIDA



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

ARTICLE I NAME MIAMI LUZ CLEANING SERVICES, INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
1515 NW 19 TH ST #2
MIAMI,
FLORIDA 33125

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CLEANING SERVICES OF HOUSES, APARTMENTS,
OFFICES, OTHERS

ARTICLE IV SHARES

The number of shares of stock is: 1

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: BLANCA O HURTADO -PRESIDENT D

Address 1515 NW 19 TH ST # 2
MIAMI,
FLORIDA 33125

Name and Title: _____

Address: _____

Name and Title: PAOLA A MARTINEZ- VICE DIR

Address 1515 NW 19 TH ST #2
MIAMI,
FLORIDA 33125

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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: BLANCA O HURTADO
 Address: 1515 NW 19TH ST #2
MIAMI, FL 33125

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 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BLANCA O HURTADO
 Address: 1515 NW 19 TH ST #2
MIAMI FL 33125

ARTICLE VIII EFFECTIVE DATE:

ENRPO 27 2018 (OPTIONAL)
 Effective date, if other than the date of filing:

(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

[Signature]
 Required Signature/Registered Agent

4-6-2018
 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

4.02.28.2018
 Date