

OCT 18 2018  
T SCHROEDER

**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: Flores & Colon Services inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2915 Sharer Rd Apt 1121  
Tallahassee FL 32312

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Cleaning and maintenance  
outside areas

FILED  
2018 OCT 10  
TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title:	<u>Roberto Flores President</u>	Name and Title:	<u>Severino Colon Vice President</u>
Address:	<u>2915 Sharer Rd Apt 1121</u> <u>Tallahassee FL 32312</u>	Address:	<u>2915 Sharer Rd Apt 1716</u> <u>Tallahassee FL 32312</u>

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

Name and Title:	_____	Name and Title:	_____
Address:	_____	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: Roberto Flores  
Address: 2915 Sharer Rd Apt 1121  
Tallahassee FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roberto Flores  
Address: 2915 Sharer Rd Apt 1121  
Tallahassee FL 32312

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: \_\_\_\_\_ (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

Roberto Flores  
Required Signature/Registered Agent

10-18-18  
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.

Roberto Flores  
Required Signature/Incorporator

10-18-18  
Date

FILED  
2018 OCT 18 PM 1:00  
TALLAHASSEE, FL