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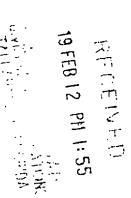
(Requestor's Name)			
(Addr	ess)		
(Addr	ess)		
(City/s	State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Busin	ness Entity Nar	me)	
(Docu	ument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Fi	ling Officer:		

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K Brumpley



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

Office Use Only_____

COF	RPORATION	name(s) & document	NUMBERS	S(S):
1. All		Cleaning &	(DOCUMEN	nting Corp
2. (CORPORATE	NAME)		(DOCUMEN	IT #)
3(CORPORATE	NAME)		(DOCUMEN	IT#)
☐ Walk-In	Pick up t	ime: Certified	Copy 🗆 Cer	tificate Of Status
New Filings	7 [Amendments] [Other Filings
Profit		Amendments	[Annual Report
Non-Profit		Resignation		Fictitious Name
Limited Liability	-	Dissolution/Withdrawal		Apostille:
Other:		Other:		
] [Other:

Examiners Initials	

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

RTICLE II PR	Principal <u>street</u> address	Mai	ling address, if different is:
00 BISCAYNE I	BLVD STE:200	·	
IAMI, FL 33138			
RTICLE III PU e purpose for wh	IRPOSE ich the corporation is organized is:	Y AND ALL LAWFULL BUS	SINESS
			2019 TALL
			AHASSETARY
TICLE V INI	s of stock is:	<i>RS</i>	AH 10: 36 OF STATE E.FLORID
TICLE V INI Name and 1	S of stock is: TIAL OFFICERS AND/OR DIRECTO Fitle: 7300 BISCAYNE BLVD	RS OURT - Name and Title:	AH 10: 36 OF STATE E.FLORID
number of share. TICLE V INI	S of stock is: TIAL OFFICERS AND/OR DIRECTO Fitle: 7300 BISCAYNE BLVD	Name and Title:	AH 10: 36 OF STATE ELFLORIDA
TICLE V INI Name and 1	S of stock is: TLAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD	Name and Title:	AH 10: 36 OF STATE E.FLORID
number of share. TICLE V INI Name and 1 Address	TIAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI, FL 33138	RS DURT - Name and Title: Address:	AH 10: 36 OF STATE E. FLORIDA
number of share. TICLE V INI Name and 1 Address	S of stock is: TLAL OFFICERS AND/OR DIRECTO Fitle: 7300 BISCAYNE BLVD STE: 200	Name and Title: Name and Title: Name and Title:	AH 10: 36 OF STATE E. FLORIDA
Name and Towns Name a	TLAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI, FL 33138	RS DURT - Name and Title: Address: Name and Title: Address:	AH 10: 36 OF STATE E. FLORID*
Name and Taddress Name and Taddress Name and Taddress	TLAL OFFICERS AND/OR DIRECTO YORDAN REMEDIO BETANCO 7300 BISCAYNE BLVD STE: 200 MIAMI, FL 33138 itle:	Name and Title: Name and Title: Name and Title: Name and Title: Address: Name and Title: Nam	AH 10: 36 OF STATE E. FLORID.

Name ar	nd Title:	Name and Title:	
Addres			
	DEGLOSTOPED ACTIVITY		
	<u>REGISTERED AGENT</u> <u>Florida street address</u> (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	YORDAN REMEDIO BETANCOURT		
Address:	7300 BISCAYNE BLVD STE: 200		
	MIAMI, FL 33138		
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	YORDAN REMEDIO BETANCOURT		
Address:	7300 BISCAYNE BLVD STE: 200		
	MIAMI. FL 33138		
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can	. (OPTIONA not be more than five day:	AL) s prior or 90 days after the
	e inserted in this block does not meet the applicable ffective date on the Department of State's record		ents, this date will not be listed as
	med as registered agent to accept service of proc am familiar with and accept the appointment as		
	435		02/08/2019
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel		
	363		02/08/2019
Requ	ired Signature/Incorporator		Date