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PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name	)
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

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

SUBJECT:	PROPOSED CORPORA	C/EGA-16 CATE NAME - MUST INCL	DE SUFFIX)	TNC.	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM: 71100 T. C. (1107- Name (Printed or typed)  7111 511 152 ND AVE APT #= 106.  Address					
City, State & Zip  Daytime Telephone number					
	E-mail address: (to be used		otification)		

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)

The name of the corporation shall be:	e's Cleaning &	Contraction
ARTICLE II PRINCIPAL OFFICE Principal street address	1 /	ress, if different is: $\Box$ $\cap$
7411 SLU 152 MAVE	-	
+166 Man ? +13	3193	
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	Any and A	11 Laufol
ARTICLE IV SHARES The number of shares of stock is:		FILI 2019 FEB 18 36-RETAKY 1-1 AHASSEL
Name and Title:	TORS    CRIC Z Name and Title:	ED PHI2:
Address 7-411 52011	Address:	971 <b>&amp;</b>
Mianii, F13	3193	
Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
<del></del>		
	<del></del>	

Name and Title:	Name and Title:		
Address	Address:		
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ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:		
Name: Allor J. Octi	CITCZ		
7-411 64/15	2 ND AVE		
1) p + 1 ( );	Manuil, 11 33193		
TAP 1	The state of the s		
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
Name: $\frac{\int A \int DC}{\int A}$	1 treirc Z- 2 10 40 = 10 6		
Address: 7 /11 5 cc 125	200 Ave \$106		
Milianie, Fil	33173		
Effective date, if other than the date of thing.	OPTIONAL)  fic and cannot be more than five days prior or 90 days after the		
Note: If the date inserted in this block does not meet to the document's effective date on the Department of State	he applicable statutory filing requirements, this date will not be listed as ate'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/Register	116 Z C. 2/17/19		
Required Signature/Register	ed Agent Date		
	ed herein are true. I am aware that the false information submitted in a		
document to the Department of State constitutes a third			
Required Signature/Incorporator	101702 U2/17/19 Date		