

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P19000027884

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000106043 3))



H190001060433ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : DAKOTA ACCOUNTING SERVICES INC.
Account Number : I20160000034
Phone : (305)595-1252
Fax Number : (305)255-2729

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
JOSEODALYS CLEANING INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

COVER LETTER

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

SUBJECT: JOSEODALYS CLEANING INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: JOSE LUIS LOPEZ
Name (Printed or typed)
4409 19TH AVENUE SW
Address
NAPLES, FL 34116
City, State & Zip
239 200 9572
Daytime Telephone number
2020TAXDATA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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)

ARTICLE I NAME JOSEODALYS CLEANING INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
4409 19TH AVENUE SW
NAPLES, FL 34116

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL SERVICES

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE L LOPEZ
Address: 4409 19TH AVENUE SW
NAPLES, FL 34116

Name and Title: PRESIDENT
Address: _____

Name and Title: SANTA O RIVERA
Address: 4409 19TH AVENUE SW
NAPLES, FL 34116

Name and Title: VICE PRESIDENT
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: JNNAZ PRO SERVICES INC

Address: 13501 SW 128TH ST SUITE 217

MIAMI, FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JNNAZ PRO SERVICES INC

Address: 13501 SW 128TH ST SUITE 217

MIAMI, FL 33186

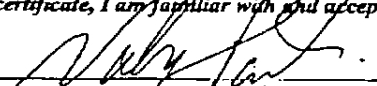
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/30/2019 (OPTIONAL)

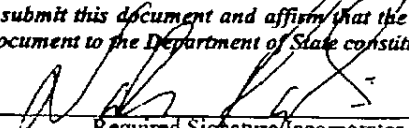
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	<u>03/30/2019</u>
Required Signature/Registered Agent	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.

	<u>03/30/2019</u>
Required Signature/Incorporator	Date