

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
SMART CARE JANITORIAL, INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

**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: SMART CARE JANITORIAL, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14410 SW 9th. ST14410 SW 9th. STMIAMI, FL 33184MIAMI, FL 33184**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P: JEFFERSON A. RODRIGUEZ M.Name and Title: VP: NELSON O. CONTRERAS GAddress 14410 SW 9th. STAddress: 14410 SW 9th. STMIAMI, FL 33184MIAMI, FL 33184

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: NELSON O. CONTRERAS G  
Address: 14410 SW 9th. ST  
MIAMI, FL 33184

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: NELSON O. CONTRERAS G  
Address: 14410 SW 9th. ST  
MIAMI, FL 33184

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/29/2019. (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*

X  10/29/2019  
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.*

X  10/28/2019  
Required Signature/Incorporator Date



|               |                             |               |                   |
|---------------|-----------------------------|---------------|-------------------|
| <b>TO:</b>    | Florida Department of State | <b>From:</b>  | David Jeans       |
| <b>Fax:</b>   | 850-617-6381                | <b>Fax:</b>   | 904-567-1066      |
| <b>Phone:</b> |                             | <b>Pages:</b> | 5                 |
| <b>Re:</b>    | IHA Entertainment, LLC      | <b>Date:</b>  | November 13, 2019 |

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

Comments: Please file the following Articles of Organization. Thank you.

#### CONFIDENTIALITY NOTICE

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