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

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

C RICO
JAN 06 2020

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
5FRIENDS CLEANING SERVICES CORP

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

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DIVISION OF CORPORATIONS
COMMERCIAL RECORDING SERVICES

Electronic Filing Menu Corporate Filing Menu Help

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: **5FRIENDS CLEANING SERVICES CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address

921 SW 7TH STREET APT 1
MIAMI, FL 33130

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ADRIANA D MARTINEZ MARTINEZ-P**
Address: **921 SW 7TH ST APT 1**
MIAMI, FL 33130

Name and Title: **MAYRA F PINEDA SORIANO-VP**
Address: **921 SW 7TH ST APT 1**
MIAMI, FL 33130

Name and Title: **ENMA V PEREZ LEIVA-SEC**
Address: **921 SW 7TH ST APT 1**
MIAMI, FL 33130

Name and Title: **ALEJANDRA V LINDO GOMEZ-TREAS**
Address: **921 SW 7TH ST APT 1**
MIAMI, FL 33130

Name and Title: **LIGIA V JARQUIN MARTINEZ-VP**
Address: **921 SW 7TH ST APT 1**
MIAMI, FL 33130

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: ADRIANA D MARTINEZ MARTINEZ

Address: 921 SW 7TH ST AQPT 1

MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ADRIANA D MARTINEZ MARTINEZ

Address: 921 SW 7TH ST APT 1

MIAMI, FL 33130

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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

X Adriana Martinez 01/04/2020

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 Adriana Martinez 01/04/2020

Required Signature/Incorporator Date