

P 20000020406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

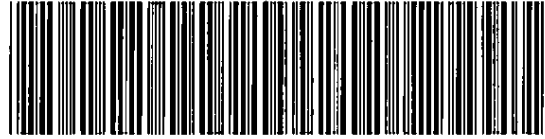
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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02/18/20--01021--023 ♦♦78.75

## COVER LETTER

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

**SUBJECT:** H & M CLEANING SOLUTIONS, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MARIA F. OLIVERA  
Name (Printed or typed)

350 - 75 Street Apt. 207  
Address

Miami Beach FL 33141  
City, State & Zip

786 390 3183  
Daytime Telephone number

mariaolivera36@hotmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 FEB 18 PM 4:00

FILED

**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: H & M CLEANING SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

350 - 75 Street Apt 207

Miami Beach FL 33141

Mailing address, if different is:

350 - 75 Street Apt 207

Miami Beach FL 33141

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL BUSINESS / ACTIVITY PERMITTED IN THE STATE OF FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (One hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MARIA F OLIVERA - President

Name and Title: \_\_\_\_\_

Address 350 - 75 Street Apt 207

Address: \_\_\_\_\_

Miami Beach FL 33141

50% Capital Stock

Name and Title: Hebert H. Munoz - V/President

Name and Title: \_\_\_\_\_

Address 350 - 75 Street Apt 207

Address: \_\_\_\_\_

Miami Beach FL 33141

50% Capital Stock

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
2020 FEB 18 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: MARIA F OLIVERA

Address: 350 - 75 Street Apt 207

Miami Beach FL 33141

**ARTICLE VII INCORPORATOR**

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

Name: MARIA F OLIVERA

Address: 350 - 75 Street Apt 207

Miami Beach FL 33141

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/13/2020. (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*

\_\_\_\_\_  
Required Signature/Registered Agent

02/13/2020

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.*

\_\_\_\_\_  
Required Signature/Incorporator

02/13/2020

Date

FILED  
2020 FEB 18 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FL