

P2000021515
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H20000080745 3)))



H200000807453ABC-

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

FILED
2020 MAR 11 AM 10:52
RECEIVED
FACIAL
ASSET
FLORIDA

****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
EMILYS CLEANING SERVICES CORP**

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

RECEIVED
2020 MAR 11 AM 10:40
FACIAL
ASSET
FLORIDA

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: EMILYS CLEANING SERVICES CORP**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address1451 WEST 29TH ST LOT 35HIALEAH, FL 33012

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INTIAL OFFICERS AND/OR DIRECTORS**Name and Title: EMILY O MORA FLORES-P

Name and Title: _____

Address 1451 WEST 29TH ST LOT 35

Address: _____

HIALEAH, FL 33012

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: EMILY O MORA FLORES
Address: 1451 WEST 29TH ST LOT 35
HIALEAH, FL 33012

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: EMILY O MORA FLORES
Address: 1451 WEST 29TH ST LOT 35
HIALEAH, FL 33012


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




Required Signature/Registered Agent

3/11/20

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

3/11/20

Date

2020 MAR 11 AM 10:53
DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

FILED