Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION CHOMY'S LAUNDRY, CORP

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

JUL 2 1 2010

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

ICLE II PRIN	CIPAL OFFICE				
NW 23 AVENUE	Principal street address	N	Mailing address	s, if different is:	
N, FL 33142			23 AVENUE		
		MIAMI, FL	33142	·	
CLE III PURP				·	
surpose for which	the corporation is organized is: ANY AN	ID ALL LAWFUL BUSINES	S		
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omber of shares of <u>CLE V INITIA</u> Name and Title	SLOCK IS: 100 LOFFICERS AND/OR DIRECTORS XIOMARA FERNANDEZ MARRERO PRESIDENT	Name and Title:_			
omber of shares of <u>CLE V INITIA</u> Name and Title	SLOCK IS: 100 LOFFICERS AND/OR DIRECTORS XIOMARA FERNANDEZ MARRERO PRESIDENT 2843 NW 23 AVENUE	Name and Title:_			
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Name and Title: Address Name and Title: Address	SLOCK IS: 100 LOFFICERS AND/OR DIRECTORS XIOMARA FERNANDEZ MARRERO PRESIDENT 2843 NW 23 AVENUE MIAMI, FL 33142	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:			
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Name	and Title:	Name and Title:
Addre	P\$\$	
ARTICLE VI	REGISTERED AGENT	
The name and	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:
Name;	XIOMARA FERNANDEZ MARRERO	B again is.
Address:	2843 NW 23 AVENUE	20
	MIAMI, FL 33142	
		 .; .;
ARTICLE VII	<u>INCORPORATOR</u>	
The name and a	ddress of the Incorporator is:	<u>-</u> :
Name:	XIOMARA FERNANDEZ MARRERO	
Address:	2843 NW 23 AVENUE	
	MIAMI, FL 33142	
Effective date, if (If an effective d filing.) Note: If the date	. •	. (OPTIONAL) nnot be more than five days prior or 90 days after the ble statutory filing requirements, this date will not be listed as
Having been nipn certificate, I and fi	ed as registered agent to accept service of processmilliar with and accept the appointment as regis	s for the above stated corporation at the place designated in this tered agent and agree to act in this capacity
	Required Signature/Registered Agent	07/21/2020
I submit this docu	ment and affirm that the facts statut berein a	Date re true. I am aware that the false information submitted in a
document to the D	epartment of state constitutes a third degree fel	ony as provided for in s.817.155, F.S.
Raquined States	WILKEY	07/21/2020
Required Signatur	o incorporator /	Date