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PAGE 01/04

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

        Division of Corporations
        Fax Number   : (850)617-6381

From:

        Account Name   : LAZARUS CORPORATE FILING SERVICE, INC.
        Account Number   : I20000000019
        Phone   : (305)552-5973
        Fax Number   : (305)675-5944

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
OARS CLEANING SERVICE INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$78.75

C RICO

AUG 17 2020

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

OARS Cleaning Service INC

of Document # _P15000037954_

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

Aley J. Hernandez
(P)

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: **OARS CLEANING SERVICE INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

~~10940~~ SW 47 TERR.
MIAMI, FL. 33165

Mailing address, if different is:

~~10940 SW 47 TERR~~.
MIAMI, FL. 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LEGAL PURPOSES.

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ALEX J. HERNANDEZ**   Name and Title: _____

Address **PTSD**   Address: _____

10940 SW 47 TERR.
MIAMI, FL. 33165

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: *ALEX J. HERNANDEZ*

Address: *10940 SW 47 TERR.*

          MIAMI, FL. 33165

ARTICLE VII INCORPORATOR

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

Name: *ALEX J. HERNANDEZ*

Address: *10940 SW 47 TERR.*
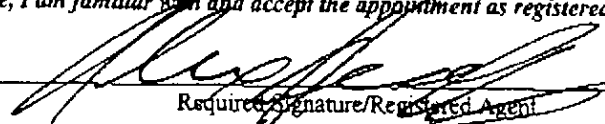
          MIAMI, FL. 33165

ARTICLE VIII EFFECTIVE DATE:
Effective date, if other than the date of filing: *AUGUST 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.)
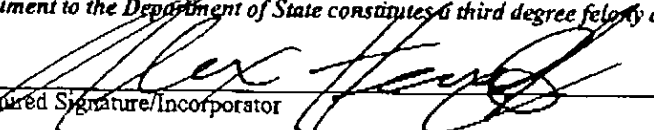
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

_____   *AUGUST 13, 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.

_____   *AUGUST 13, 2020*
Required Signature/Incorporator   Date