# **Electronic Filing Cover Sheet**

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(((H20000389460 3)))



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CERTIFIED TAX AND ACCOUNTING, LLC

Account Number : 120200000172

Phone : (786)553-4040

Fax Number : (123)456-7890

 $\star\star$ Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

### FLORIDA PROFIT/NON PROFIT CORPORATION

## Los Tres Girasols Cleaners Corp

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

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### **COVER LETTER**

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

SUBJECT: LOS Tres (PROPO	ai rasols () SED CORPORATE N	earers Corn	DE 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	e of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fcc, Certified Cop & Certificate Status PY REQUIRE	of		
FROM: <u>Eliduvi</u>	Name (Pri	onted or typed)			251 NOV 10 PK	
Pompa	no Beach City, State	FL 33060 & Zip	<b>.</b>	<b>6</b>	1:35	
(	Daytime Teleph Daytime Teleph Daytime Teleph Daytime Teleph Daytime Teleph Daytime Teleph	1	otification)			

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

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#### ARTICLES OF INCORPORATION

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

The name of the corporation	n shall be: Los	Tres G	vasals	Oreaner	2	
ARTICLE II PRINCII 154 Sw 7 <sup>th</sup>	incinal street address			Mailing address	, if different is:	
Pampana Bea	ich, FC 3306	0				
ARTICLE III PURPOS The purpose for which the	corporation is organize	d is: The p	urpose o	f this	Corporation	۹
is going to residential	locations.	Cleaning	Service	es to 1	Disiness C	<u> </u>
						<del></del>
<del> </del>		<del> </del>	<del></del>		+ .	23:31
						AON ESS
ARTICLE IV SHARES The number of shares of sto	ck is: 100				The second secon	010
ARTICLE V INITIAL	OFFICERS ANDVOR I	DIRECTORS				<u> </u>
	Romero, Elidu	<del></del>	Name and Title	:	<b>4</b>	<del></del> پي
	164 SW 74				•	
	Pampana Bear	<del>-</del> ,	_			
	33060		_			<del></del>
N 4 Tiske. (	Pardona, Andre	~ 1 /11P	_ Name and Title			
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	ompano Beac		_ Address.			
<u>.</u>	34000		<del>-</del> -			
				* <u></u>	<u> </u>	
Address _	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_ Address:		<del></del>	<del></del>
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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: Osiris Martinez	
Address: 383 Westward	Dr.
Mlami Springs Fl	1 33166
, ,	
ARTICLE VII INCORPORATOR	V
The name and address of the Incorporator is:	<del>4.</del> 0
Name: Eliduvina Rom	Mer O
Address: 754 St. 74 St.	A C A nL
Pompana Beach, FL	. 33060 · 33
•	•
ARTICLE VIII EFFECTIVE DATE:  Effective date, if other than the date of filing: 10	5 2 0 20 (OPTIONAL)
(If an effective date is fisted, the date must be specifiling.)	ific and cannot be more than five days prior or 90 days after the
Note: If the date inserted in this block does not meet the document's effective date on the Department of St	the applicable statutory filing requirements, this date will not be listed as tate's records.
Having been named us registered agent to accept servic certificate, I am familiar with and accept the appointm	ice of process for the above stated corporation at the place designated in this neut as registered agent and agree to act in this capacity
Ulaut	10/5/2020
Required Signatur / Register	
I submit this document and affirm that the facts state document to the Department of State constitutes a thir	ted herein are true. I am aware that the faise information submitted in t rd degree felony as provided for in s.\$17.155, F.S.
Inta Della	10 5 202 0
Required Signature/Incorporator	Date