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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

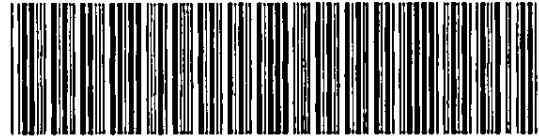
(Business Entity Name)

(Document Number)

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

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2020 NOV -9 PM 2:02

10/31/2020

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

Re: Amarillas Janitorial Services Inc

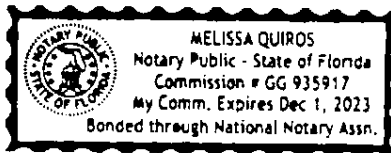
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

*Marlene Sardina*  
Marlene Sardina



*Melissa Quiros*

COVER LETTER

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

FIL - 11  
2020 NOV -9 PM 2:02

SUBJECT: Amarillas Janitorial Services 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: María E. Ruiz  
Name (Printed or typed)

7750 S.W. 117 Ave Suite 2010  
Address

Miami, FL 33183  
City, State & Zip

305-595-2407  
Daytime Telephone number

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

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

**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: Amarillas Janitorial Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6211 S.W. 138 St Apt N  
Miami FL 33143

Mailing address, if different is:

7750 S.W. 117 Ave Suite 200  
Miami FL 33143

**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 @ \$1.00 ea.

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

Name and Title: Marlene Sardine Pres. Name and Title: \_\_\_\_\_

Address: 6211 S.W. 138 St. Apt N Address: \_\_\_\_\_  
Miami, FL 33143

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

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

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

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

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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: Marlene Sardino

Address: 6211 S.W. 138th Apt N  
Miami, FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlene Sardino

Address: 6211 S.W. 138th Apt N  
Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/20/2020 (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*

x Marlene Sardino  
Required Signature/Registered Agent

11/1/2020  
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.*

x Marlene Sardino  
Required Signature/Incorporator

Date 11/1/2020