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To:

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATIONS SHINE MIAMI CLEANERS CORP

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$78.75	

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

RTICLE II PRI	NCIPAL OFFICE				
01 NW 32nd Ct	Principal street address	Mailing address, if different is:			
ımi, FL 33125		Miami, FL 33125			
					
TICLE III PUR	POSE				
purpose for which	h the corporation is organized is: Any Le	egal and Lawful Bi	usiness		
					
			<u> </u>		
					
		· · · · · · · · · · · · · · · · · · ·			
TICLE IV SHA number of shares	RES of stock is: 100@1.00 Per Value	<u> </u>			
TICLE V INIT	TAL OFFICERS AND/OR DIRECTORS				
TICLE V INIT	<i>TAL OFFICERS AND/OR DIRECTORS</i> ide: Karina L Perez P	_ Name and Title:	?!21		
TICLE V INIT	MAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104		2 21 1		
TICLE V INIT	<i>TAL OFFICERS AND/OR DIRECTORS</i> ide: Karina L Perez P	_ Name and Title:	211		
TICLE V INIT	MAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104	_ Name and Title:	21 11		
Name and Ti	MAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143	Name and Title: Address:	21 11 11 27.		
Name and Ti	MAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143 de: Donilda Cisnero VP	_ Name and Title:	21 11 11 27.		
Name and Ti	CAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143 Donilda Cisnero VP 1201 NW 32nd Ct	Name and Title: Address:	21 1 2 3		
Name and Ti Address Name and Tit	MAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143 de: Donilda Cisnero VP	Name and Title: Address: Name and Title:	2111 1 25 3:5		
Name and Ti Address Name and Tit	CAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143 Donilda Cisnero VP 1201 NW 32nd Ct	Name and Title: Address: Name and Title:	2111 1 25 3:5		
Name and Ti Address Name and Tit	CAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143 Donilda Cisnero VP 1201 NW 32nd Ct	Name and Title: Address: Name and Title:	2111 1 25 3:5		
Name and Ti Address Name and Tit Address	CAL OFFICERS AND/OR DIRECTORS itle: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143 Donilda Cisnero VP 1201 NW 32nd Ct Miami, FL 33125	Name and Title: Address: Name and Title: Address:	21 i the operation		
Name and Ti Address Name and Tit Address	CAL OFFICERS AND/OR DIRECTORS ide: Karina L Perez P 6001 SW 70 St Apt 104 South Miami, FL 33143 Donilda Cisnero VP 1201 NW 32nd Ct	Name and Title: Address: Name and Title: Address: Name and Title:	21 i the operation		

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
ARTICLE VI	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name:	Karina L Perez	- ·	
Address:	6001 SW 70 St Apt 104	_	
	South Miami, FI 33143	_	
<u>ARTIÇLE V</u> JI	<u>INCORPORATOR</u>	_	
	Idress of the Incorporator is:		
Name:	Karina L Perez		
Addr e ss:	6001 SW 70 St Apt 104	•	
	South Miami, FI 33143	_	
Effective date, if a	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	. (OPTIONAL) It be more than five days prior or 90) days after the
Note: If the date	inserted in this block does not meet the applicable	statutory filing requirements, this day	
the document's ef	fective date on the Department of State's records.	emenor, ming redunctiones, mis dar	: - c will not be sisted as
Having been name certificate, I am fa	ed as registered agent to accept service of process formiliar with and accept the appointment as register	or the above stated corporation at the p ed agent and agree to act in this capac	lace designated in this
			P::
	Required Signature/Registered Agent	•	Date
I submit this document to the D	iment and affirm that the facts stated herein are repartment of State constitutes a third degree felong	true. I am aware that the fulse information as provided for in s.817.155, F.S.	mation submitted in a
Required Signatur	e/incorporator	Date	