

P21000035933

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000159715 3)))



H210001597153ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : ALEX PINA CO.
Account Number : I20190000095
Phone : (305)803-8471
Fax Number : (305)602-3977

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

Email Address: client@alexpina.co

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 APR 21 AM 12: 07

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 APR 21 AM 12: 07

FLORIDA PROFIT/NON PROFIT CORPORATION
Laundry Pickers Inc

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$70.00 |

2021 APR 21 PM 3: 03

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

ARTICLE I NAME

Laundry Pickers Inc

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
126 SW 17th Rd Unit 509

Mailing address, if different is:

Miami, FL 33129

ARTICLE III PURPOSE

Any And All Lawful Purpose

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: **10,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Michael O Eigbadon - President**

Name and Title: **Keyri S Ochoa Rodriguez - Vicepresident**

Address: **126 SW 17th Rd Unit 509**

Address: **126 SW 17th Rd Unit 509**

Miami, FL 33129

Miami, FL 33129

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 Pina Co.
 Address: 8400 NW 36th St Ste 450
Doral, FL 33166

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael O Eigbadon
 Address: 126 SW 17th Rd Unit 509
Miami, FL 33129

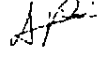
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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:



 Required Signature/Registered Agent

 04/21/2021
 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.



 Required Signature/Incorporator

 04/21/2021
 Date