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

From: Account Name : KIDJENNA SERVICES INC
Account Number : 120080000033
Phone : (305)644-3055
Fax Number : (305)644-3052

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****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
PT CLEANING MASTERS, INC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

JUN 30 2021
T. SCOTT

2021 JUN 29 AM 9:43

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: PT CLEANING MASTERS, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status



FROM: KIJJOENNA SERVICES, INC
Name (Printed or typed)

2141 SW 1 ST SUITE 110
Address

MIAMI, FL 33135
City, State & Zip

7864997132
Daytime Telephone number

KRISJOENNA@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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

Jun. 28. 2021 4:41PM

No. 0593 P. 6

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: PT CLEANING MASTERS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9320 FONTAINEBLEAU BLVD APT B111

MIAMI, FL 33172

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL CLEANING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YARLU TATIANA AVELLANEDA P

Name and Title: _____

Address 9320 FONTAINEBLEAU BLVD

Address: _____

APT B111, MIAMI FL 33172

Name and Title: MARTHA GUEVARA VEGA VP

Name and Title: _____

Address 9320 FONTAINEBLEAU BLVD

Address: _____

APT B111, MIAMI FL 33172

Name and Title: NORMAN PUERTO QUINTANA D

Name and Title: _____

Address 9320 FONTAINEBLEAU BLVD

Address: _____

MIAMI, FL 33172

FILED
2021 JUN 29 AM 9:09
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TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: NORMAN PUERTO QUINTANAAddress: 9320 FONTAINEBLEAU BLVD, APT B111MIAMI, FL 33172**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: PUERTO QUINTANA NORMANAddress: 9320 FONTAINEBLEAU BLVD. APT B111MIAMI, FL 33172**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 06/28/2021 (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*Norman Puerto Quintana

Required Signature/Registered Agent

06/28/2021

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.*Norman Puerto Quintana

Required Signature/Incorporator

06/28/2021

Date