

P21000061006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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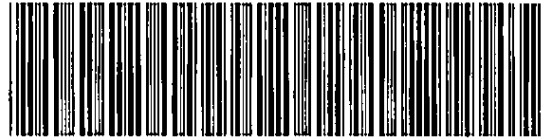
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

SB  
7/1/21

## COVER LETTER

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

SUBJECT: The Cleaning Angels of Tropical Miami, 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: Marilyn Gomez, CPA  
Name (Printed or typed)

6219 SW 21 street  
Address

Miami, Florida 33135  
City, State & Zip

(786) 337-0052  
Daytime Telephone number

Marilyn0214@aoutlook.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: The Cleaning Angels of Tropical Miami, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

682 W 50 Street  
Hialeah, Fl 33012

682 W 50 Street  
Hialeah, Fl 33012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Cleaning Services

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia P. Rodriguez, Pres Name and Title: Claudia P. Rodriguez, Vice-pres.

Address: 682 W 50 Street Address: 682 W 50 Street  
Hialeah, Fl 33012 Hialeah, Fl 33012

Name and Title: Claudia P. Rodriguez, Sec Name and Title: Claudia P. Rodriguez, Treas.

Address: 682 W 50 Street Address: 682 W 50 Street  
Hialeah, Fl 33012 Hialeah, Fl 33012

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

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

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SECRETARY OF STATE  
ALABAMA

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: Claudia P. Rodriguez

Address: 682 W. 50 Street

Hialeah, Fl 33012

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Claudia P. Rodriguez

Address: 682 W. 50 Street

Hialeah, Fl 33012

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TALLAHASSEE, FL 32399

**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

6.23.21  
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

6.23.21  
Date