

P21000067100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

J. FASON
JUL 23 2021



700369057797

07/22/21--01005--021 **70.00

2021 JUL 22 AM 7:45
2021 JUL 22 PM 1:52

Filing
Return
to
KD Process
850-727-4363

10:55

6/27 Robert Staton

COVER LETTER

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

SUBJECT: SANMEO'S PARADISE, CORP

(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jorge Arvelo

Name (Printed or typed)

6710 Main Street, Suite 233

Address

Miami Lakes, FL 33014

City, State & Zip

(786) 594-3944

Daytime Telephone number

jarvelo@numbersontime.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: SANMEO'S PARADISE, CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6646 Stirling Road

Similar

Davie, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All legal business matters related to advisory services
in the cleaning and janitorial industry.

ARTICLE IV SHARES

The number of shares of stock is: 100 Common Stocks at \$10.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mauricio A. Manuele, President

Name and Title: Facundo Carbone, V President

Address 1850 Arthur Street, Apt 2

Address: 1850 Arthur Street, Apt 2

Hollywood, FL 33020

Hollywood, FL 33020

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2021 JUN 22 PM 7:41

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: Your Taste Corp.
Address: 6648 Stirling Road
Davie, FL 33024

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Facundo Carbone
Address: 1850 Arthur Street, Apt 2
Hollywood, FL 33020

2021 JUL 22 AM 7:45

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

07/20/21
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

Date

07/20/21