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

From:
Account Name : FANJUL ENTERPRISES LLC
Account Number : I20190000080
Phone : (305)603-8791
Fax Number : (877)503-6086

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22 FEB 23 AM 5:03

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Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
AP CLEANING SOLUTIONS CORP**

Certificate of Status	0
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Help

S. CHATHAM

FEB 24 2022

FILED**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: AP CLEANING SOLUTIONS CORP

22 FEB 23 AM 5:03

ARTICLE II PRINCIPAL OFFICEPrincipal street address5250 NW 84TH AVE APT 501MIAMI, FL 33166SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is:**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL PURPOSES**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: ALEYDA PARRA-P

Name and Title: _____

Address 5250 NW 84TH AVE APT 501

Address: _____

MIAMI, FL 33166

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 AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: ALEYDA PARRAAddress: 5250 NW 84TH AVE APT 501MIAMI, FL 33166**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: ALEYDA PARRAAddress: 5250 NW 84TH AVE APT 501MIAMI, FL 33166**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**x Aleyda Parra*

Required Signature/Registered Agent

02/16/2022

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.**x Aleyda Parra*

Required Signature/Incorporator

02/16/2022

Date

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