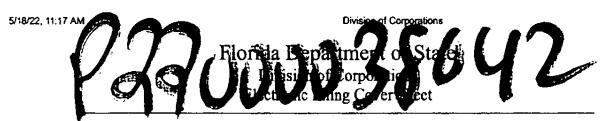
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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : WF TAXES AND MORE INC.

Account Number : I20200000043 Phone : (772)879-0010 Fax Number : (772)879-0150

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FLORIDA PROFIT/NON PROFIT CORPORATION VAL LANE CLEANING SERVICES INC

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VAL LANE CLEANING SERVICES INC

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COVER LETTER

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

SUBJECT: __

Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	i a check for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	VALERIA R MARTINS Name (Printed or typed)		
<u></u>		SE SHERWOOD ST	
FROM:		UND, FL 33455 , State & Zip	
_		2-626-7758 Felephone number	
	WFTAXES.I	MORE@GMAIL.COM	otification)

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)

The name of the cor		NG SERVICES INC	
6481 SE SHERV	Principal street address NOOD ST EL 33455	 _	ss, if different is:
ARTICLE III PU The purpose for wh	VRPOSE sich the corporation is organized is:ANY		
ARTICLE IV SI	HARES es of stock is: 100		
	TITIAL OFFICERS AND/OR DIRECTORS Title:	Name and Title:	
Name and Title:_ Address			
	HOBE SOUND, FL 33455		
Name and	Title:	Name and Title:	
Address		Address:	
-			. 10
	Title:		# 15 15 15 15 15 15 15 15 15 15 15 15 15
Address		Address:	
-			, in the
			•

May 18, 2022 14:10 (UTC-04)

Name and	l Title:	Name and Title:	
Address		Address:	
ADTICLE III I	DECUTERED ACENT		
	<u>REGISTERED AGENT</u> prida street address (P.O. Box NOT acceptabl) of the registered agent is:	
Name:	VALERIA R MARTINS		
Address:	6481 SE SHERWOOD ST		
	HOBE SOUND, FL 33455	-	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	WALTER GOMEZ		
Address:	508 SW PORT ST LUCIE BLVD		
	PORT ST. LUCIE, FL 34953		
	EFFECTIVE DATE:		
	other than the date of filing: ate is listed, the date must be specific and ex	(OPTIONAL) nnot be more than five days prior or 90 days a	ifter the
Note: If the date		able statutory filing requirements, this date will no	ot be listed as
the document's e	ffective date on the Department of State's reco	rds.	
	ned as registered agent to accept service of proc amiliar with and accept the appointment as reg	ess for the above stated corporation at the place desistered agent and agree to act in this capacity	signated in the
1/0	lein Matting	05/18/2022	
	Required Signature/Registered Agent	Da	ite
		are true. I am aware that the false information	submitted in
document to the l	Department of State constitutes a third degree f	lony as provided for in s.817.155, F.S.	
/VVola	Jum	05/18/202	22
Required Signatu	re/Incorporator	Date	