

5/19/22, 2:29 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: 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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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: lwfaxes.more@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
CUBAS SS CLEANING CORP

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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REGISTRARS
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T. BURCH
MAY 20 2022

COVER LETTER

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

SUBJECT: CUBAS SS CLEANING 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: OLGA L HERNANDEZ
Name (Printed or typed)

5780 FERLEY DR W APT 149
Address

WEST PALM BEACH, FL 33415
City, State & Zip

561-303-8642
Daytime Telephone number

WFTAXES.MORE@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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: CUBAS SS CLEANING CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
5780 FERLEY DR W APT 149
WEST PALM BEACH, FL 33415

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OLGA L HERNANDEZ, PRESIDENT

Name and Title: _____

Address 5780 FERLEY DR W APT 149

Address: _____

WEST PALM BEACH, FL 33415

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: OLGA L HERNANDEZ
Address: 5780 FERLEY DR W APT 149
WEST PALM BEACH, FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER GOMEZ
Address: 508 SW PORT ST LUCIE BLVD
PORT ST. LUCIE, FL 34953

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TALLAHASSEE, FLORIDA

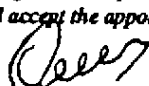
ARTICLE VIII EFFECTIVE DATE:

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

05/19/2022

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.



05/19/2022