

PA3000049040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

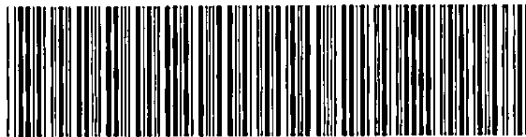
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Handwritten signature/initials

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RECEIVED

2023 JUN 30 PM 5:01

2023 JUN 30 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$70.00

Authorization Signature:  :

HIGH-GRADE CLEANING, INC.

BUSINESS NAME _____ DOCUMENT # _____

___ Certified Copy

___ Certificate of Status

NEW FILINGS

___ Profit Corp
___ Not for Profit
___ Limited Liability
___ Domestication
___ Other
X CORP
___ LLLP

AMMENDMENTS

___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Revocation of Dissolution
___ Merger
___ Articles of Conversion
___ Amended and restated Articles
___ Statement of Authority

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ APOSTILLE
___ Country

REGISTRATION/QUALIFICATIONS

___ Foreign filing
___ Limited Partnership
___ Reinstatement
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: High-Grade Cleaning, 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 ☐ \$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: Claudia Escobar Reyes

Name (Printed or typed)

6075 W Commercial Blvd

Address

Tamarac, FL 33319

City, State & Zip

954-724-4141

Daytime Telephone number

claudia@cbsfinancialcpa.com

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

NOTE: Please provide the original and one copy of the articles.

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN 30 PM 5:01

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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: HIGH-GRADE CLEANING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6800 NW 39th Ave

Coconut Creek, FL 33073

Mailing address, if different is:

6800 NW 39th Ave

Coconut Creek, FL 33073

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawfull business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Irma Toribio PVTD

Name and Title: _____

Address 6800 NW 39th Ave

Address: _____

Coconut Creek, FL 33073

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE FL

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: Irma Toribio

Address: 6800 NW 39th Ave

Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Irma Toribio

Address: 6800 NW 39th Ave

Coconut Creek, FL 33073

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

6/29/2023
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

06/29/2023
Date

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SECRETARY OF STATE
TALLAHASSEE, FL