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FLORIDA PROFIT/NON PROFIT CORPORATION
MARQUEZ WINDOWS CLEANING EXPERT SERVICE, INC

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION FOR FLORIDA PROFIT BENEFIT CORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the benefit corporation shall be: MARQUEZ WINDOWS CLEANING EXPERT SERVICE, INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1901 NW 48 ST5245 NW 36 ST SUITE #215MIAMI, FL 33142MIAMI, FL 33166**ARTICLE III BENEFIT STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a benefit corporation in accordance with s. 607.603, F.S.

The purpose for which the corporation is organized is to create a general public benefit and:

Any and all lawful Business

The general and/or specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)Name and Title: Juana Marquez .President

Name and Title: _____

Address 1901 NW 48 St

Address: _____

Miami, Fl 33142

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

If applicable, BENEFIT DIRECTOR: If applicable, BENEFIT OFFICER:
Name: _____ Name: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JUANA MARQUEZ
Address: 1901 NW48 ST
MIAMI, FL 33142

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JUANA MARQUEZ
Address: 1901 NW 48 ST
MIAMI, FL 33142

ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:

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

Juana Marquez
Required Signature/Registered Agent

9-11-23
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.

Juana Marquez
Required Signature/Incorporator

9-11-23
Date