

# P240000023492

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000122577 3)))



H240001225773ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : RASI  
Account Number : I20220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

## FLORIDA PROFIT/NON PROFIT CORPORATION PALMAS MAINTENANCE AND CLEANING CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

ma

**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: PALMAS MAINTENANCE AND CLEANING CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

94 BELVEDARE LANE94 BELVEDARE LANEPALM COAST FL 32137PALM COAST FL 32137**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: CLEANING AND MAINTENANCE**ARTICLE IV SHARES**The number of shares of stock is: 200**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Josue Marmolejos Santos, President

Name and Title: \_\_\_\_\_

Address: 94 BELVEDARE LANE

Address: \_\_\_\_\_

PALM COAST FL 32137

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

2024 APR 3 9:04

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: Josue Marmolejos Santos,  
 Address: 94 BELVEDARE LANE  
PALM COAST FL 32137

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Josue Marmolejos Santos,  
 Address: 94 BELVEDARE LANE  
PALM COAST FL 32137

**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 business days prior or 90 business 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*

Josue Marmolejos  
 Required Signature/Registered Agent

4-2/24  
 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.*

Josue Marmolejos  
 Required Signature/Incorporator

4-2/24  
 Date