

PAH000032359

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 : YOUR DREAM SERVICES CORP.
Account Number : I20200000137
Phone : (786)660-0108
Fax Number : (786)364-1047

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

Mail Address: info@documentplanetinc.com

RECEIVED
2024 MAY -9 PM 4:41
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
FRANCHESKA REMODELING PAINTING & CLEANING
INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

2024 MAY 9
8:16
STATE

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: FRANCHESKA REMODELING PAINTING & CLEANING INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
8081 N SUNRISE LAKES DR APT 107
SUNRISE, FL 33322

Mailing address, if different is:
8081 N SUNRISE LAKES DR APT 107
SUNRISE, FL 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLARA M LOPEZ (P) Name and Title: _____

Address 8081 N SUNRISE LAKES DR APT 107 Address: _____
SUNRISE, FL 33322

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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

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

Name: CLARA M LOPEZ
Address: 8081 N SUNRISE LAKES DR APT 107
SUNRISE, FL 33322

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: CLARA M LOPEZ
Address: 8081 N SUNRISE LAKES DR APT 107
SUNRISE, FL 33322

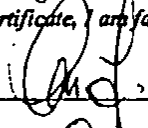
ARTICLE VIII EFFECTIVE DATE:

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

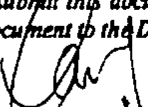


Required Signature/Registered Agent

05/09/2024

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

05/09/2024

Date

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