

P24000032942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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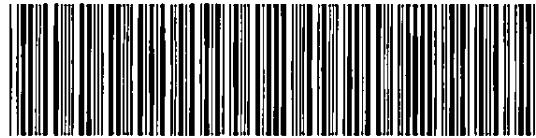
(Business Entry Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 MAY 15 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FL

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RECORDS SECTION  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Infinite Janitorial 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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Infinite Janitorial INC  
Name (Printed or typed)  
107 Hamilton Ter  
Address  
Royal Palm Beach, Florida 33414  
City, State & Zip  
954-934-2970  
Daytime Telephone number  
Lilianasanchez717@gmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL  
DIVISION OF STATE

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

**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: INFINITE JANITORIAL INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

107 Hamilton Ter Royal Palm Beach Florida 33414

107 Hamilton Ter Royal Palm Beach Florida 33414

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Services Cleaning

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Rosa Sánchez / President Name and Title: \_\_\_\_\_

Address 107 Hamilton Ter Royal Palm Beach Florida 33414 Address: \_\_\_\_\_

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

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

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

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

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CLERK OF STATE  
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: \_\_\_\_\_ DJCAN LLC

Address: 1114 Thomasville Rd suite E8 Tallahassee FL  
32303

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Rosa Sanchez

Address: 107 Hamilton Ter  
Royal Palm Beach FL 33414

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 05-15-2024 (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

05-14-2024  
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

05-14-2024  
Date

DEPARTMENT OF STATE  
TALLAHASSEE, FL

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