

P21000001057

Jakes

Division of Corporations

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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
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

Treasure Cleaning Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

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J DENNIS

JAN 08 2021

21 JAN -7 PM 12:15

2021 JAN -7 PM 12:17

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: Treasure Cleaning Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2692 Fountain View Circ APT 201

2692 Fountain View Circ APT 201

Naples, FL 34109

Naples, FL 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

To engage in any lawful act or activity for which corporations may be organized.

21 JAN - 7 PM 12:15

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James Svoboda, Director

Name and Title: _____

Address: 2692 Fountain View Circ APT 201

Address: _____

Naples, FL 34109

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 AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: James Svoboda

Address: 2692 Fountain View Circ APT 201

Naples, FL 34109

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James Svoboda

Address: 2692 Fountain View Circ APT 201

Naples, FL 34109

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.)

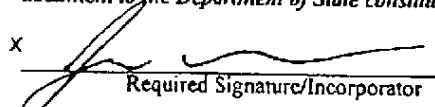
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X  _____
Required Signature/Registered Agent

1/6/21
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.

X  _____
Required Signature/Incorporator

1/6/21
Date