

P25000009335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

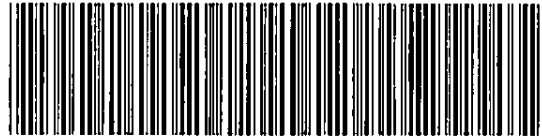
(Business Entity Name)

(Document Number)

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

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2025 JAN 27 PM 4:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CUS



04-17-24

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 11, 2024

NOTE: You File the NAME  
INCORRECT.

ELIZABETH DIAZ  
14620 SW 180TH ST  
MIAMI, FL 33177 US

PLEASE MAKE A CORRECTION  
ELYJA

SUBJECT: ELYJA MASTER CLEANING CORP  
Ref. Number: W24000039292

We have received your document for and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

If you have any further questions concerning your document, please call (850) 245-6052.

KAIN COSTELLO  
Regulatory Specialist II  
New Filing Section

Letter Number: 724A00005236

**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: ELYJA MASTER CLEANING CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
14620 SW 180<sup>TH</sup> ST  
MIAMI FL 33177

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CLEANING OFFICES

**ARTICLE IV SHARES**

The number of shares of stock is: 50

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

Name and Title: ELIZABETH DIAZ - PRESIDENT

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

Address 14620 SW 180<sup>TH</sup> ST  
MIAMI FL 33177

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

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: MARIA C. COMPANIONI (NOTARY PUBLIC)

Address: 10410 SW 48<sup>TH</sup> ST  
MIAMI FL 33165-5748



**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Elizabeth Diaz

Address: 14620 SW 180th ST  
MIAMI FL 33177

**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*

Maria C. Companioni

Required Signature/Registered Agent

01/31/2024  
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.*

[Signature]

Required Signature/Incorporator

01/31/2024  
Date

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TALLAHASSEE, FLORIDA