

365 CLEANING & RESTORATION INC.

COMPLIANCE DOCUMENTS: LICENSES & INS.



“TEAMWORK MAKES THE DREAM WORK”

Our highly skilled staff and expert management team deliver exceptional results, tailored to your specific needs. Whether you seek a one-time service call or an ongoing maintenance program, we provide extraordinary cleaning solutions for our clients 24/7.

- California Articles of Incorporation
 - San Diego Business Tax License
 - General Liability Insurance
 - Workers Compensation Insurance
-



California Secretary of State Electronic Filing



General Stock Corporation - Articles of Incorporation

Entity Name: 365 Cleaning & Restoration
Entity (File) Number: C4764813
File Date: 07/13/2021
Entity Type: General Stock Corporation
Jurisdiction: California

Detailed Filing Information

1. Corporate Name: 365 Cleaning & Restoration
 2. Business Addresses:
 - a. Initial Street Address of Corporation: 864 Grand Ave #433
San Diego, California, 92109
United States of America
 - b. Initial Mailing Address of Corporation: 864 Grand Ave #433
san diego, California, 92109
United States of America
 3. Agent for Service of Process:
Individual Agent: kevin payne
864 Grand Ave #433
san diego, California, 92109
United States of America
 4. Shares: 100
 5. Purpose Statement: The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of California other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the California Corporations Code.
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The incorporator affirms the information contained herein is true and correct.

Incorporator: kevin payne



OFFICE OF THE CITY TREASURER
BUSINESS TAX PROGRAM
PO BOX 122289
SAN DIEGO CA 92112
(619) 615-1500 9:00 a.m. - 4:00 p.m. M-F

Business Tax Certificate

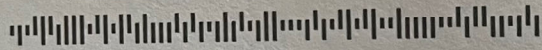
Certificate Number:	B2022010220
PIN:	
Primary Business Name:	365 CLEANING & RESTORATION
Business Owner Name:	365 CLEANING & RESTORATION
Business Location:	864 GRAND AVE #433 SAN DIEGO CA 92109-3906
Activity Description:	JANITORIAL SERVICES
Business Improvement District:	PACIFIC BEACH

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*****SINGLE-PIECE 92199



365 CLEANING & RESTORATION
KEVIN PAYNE
864 GRAND AVE # 433
SAN DIEGO, CA 92109-3906



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/13/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement (s).

PRODUCER: Samantha Elaine Sanchez Pie Insurance samantha.sanchez@pieinsurance.com	CONTACT NAME: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> PHONE (A/C, No, Ext): 855-566-1011 </td> <td style="width: 50%;"> FAX (A/C, No, Ext): </td> </tr> <tr> <td colspan="2"> E-MAIL ADDRESS: Support@coterieinsurance.com </td> </tr> </table>	PHONE (A/C, No, Ext): 855-566-1011	FAX (A/C, No, Ext):	E-MAIL ADDRESS: Support@coterieinsurance.com											
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E-MAIL ADDRESS: Support@coterieinsurance.com															
INSURED: 365 Cleaning & Restoration 864 Grand Ave San Diego, CA 92109-3906	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Spinnaker Insurance Company</td> <td>24376</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Spinnaker Insurance Company	24376	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER E:															
INSURER F:															

COVERAGES	CERTIFICATE NUMBER	REVISION NUMBER
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THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTD	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS								
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLAIMS MADE</td> <td style="width: 50%; text-align: center;"><input checked="" type="checkbox"/> OCCUR</td> </tr> </table>	CLAIMS MADE	<input checked="" type="checkbox"/> OCCUR	X	X	CSG-00064654-00	01/13/2023	01/13/2024	EACH OCCURRENCE \$1,000,000						
	CLAIMS MADE	<input checked="" type="checkbox"/> OCCUR													
Hired Non-Owned Auto GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC Other: _____	DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000														
	AUTOMOBILE LIABILITY: <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTIONS \$						EACH OCCURRENCE \$ AGGREGATE \$								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDER? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PER STATUTE</td> <td style="width: 50%; text-align: center;">OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table>	PER STATUTE	OTH-ER	E.L. EACH ACCIDENT	\$	E.L. DISEASE - EA EMPLOYEE	\$	E.L. DISEASE - POLICY LIMIT	\$
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E.L. DISEASE - EA EMPLOYEE	\$														
E.L. DISEASE - POLICY LIMIT	\$														
			X												

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Certificate holder is named as an additional insured, coverage is primary & non-contributory and a waiver of subrogation applies as per written contract with the first named insured.

CERTIFICATE HOLDER PROOF OF COVERAGE	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Pete Buccola
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