

P09000030784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

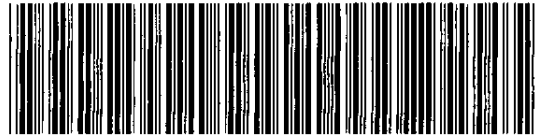
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700146744627

03/25/09--01008--025 **79.00

03/25/09 09:55 AM
STATE OF ALASKA
DEPARTMENT OF REVENUE

09 APR - 7 AM 9:55

FILED

COVER LETTER

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

SUBJECT: T-N-T Services, 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: Tyline R. Medina
Name (Printed or typed)

P.O. Box 843
Address

Clarcona, Florida 32710-0843
City, State & Zip

(407) 694-8444
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2009

TYLINE R MEDINA
P.O. BOX 843
CLARCONA, FL 32710-0843

SUBJECT: T-N-T SERVICES, INC.
Ref. Number: W09000014459

We have received your document for T-N-T SERVICES, INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Paisley A Alford
Clerk
New Filing Section

Letter Number: 609A00010365

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:

Imperial Suds, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

7201 Valiant Court, Orlando, Florida 32818 - **Mailing Address** P.O. Box 843, Clarcona, Florida 32710-0843

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Janitorial Service

FILED
APR - 7 AM 9:55
09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Tyline R. Medina, P.O. Box 843, Clarcona, Florida 32710-0843, Owner/President

ARTICLE VI REGISTERED AGENT

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

Tyline R. Medina, 7201 Valiant Court, Orlando, Florida 32818

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tyline R. Medina, 7201 Valiant Court, Orlando, Florida 32818 - **Mailing:** P.O. Box 843, Clarcona, Florida 32710-0843

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

Tyline R. Medina
Signature/Registered Agent
Tyline R. Medina
Signature/Incorporator

4/2/09
/Date
4/2/09
Date