## TRANSMITTLE LITTER 34

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

TERSONALIZED JANITORIAL SERVICES INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

**12** \$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy & Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM: MARISE DE FREITAS
Name (Printed or typed)

2600 NW 56 AVENUE APT CLOS

FT LAUSERD NEFL 333/3
City, State & Zip

1954 739 7573.

Daytime Telephone number

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

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## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.
The name of the corporation shall be:
FER-SONALIZED JANITORIAL SERVICES INC. SEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  2600 NW 56 AVENUE APT C208
FT LAUDERDALE FL 33313  ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
DNU
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are: MARISE DE FREITAS
FL 33313 ARTICLE V INCORPORATOR
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:  2600 NIW 56 AVENUE APT CZO8  FORT LAUSERDALE FLORIDA 333/3 MARISE DE FREITA
Marie Le Frestas  Signature/Incorporator  O1/28/00  Date
(An additional article must be added if an effective date is requested.)
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent
Maure Registered Agent  Or / 28 / 00  Date