

TRANSMITTAL LETTER

P00000111341

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

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-11/29/00--01056--009
*****87.50 *****87.50

SUBJECT:

Cleansing Hands, 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
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:

LORENE MITCHELL, A

Name (Printed or typed)

4418 Beaumont DR.

Address

Orlando, FL 32808

City, State & Zip

(407) 875-2080 x 147

Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 29 PM 3:06

FILED

T. Burch DEC 4 2000

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

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.

ARTICLE I NAME

The name of the corporation shall be:

CHEANSING HANDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4418 Beaumont Dr.
Orlando, FL 32808

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

\$100. Shares @ \$1.00 per share
LOERENE MITCHELL

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LOERENE MITCHELL
4418 Beaumont Dr.
Orlando, FL 32808

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LOERENE MITCHELL
4418 Beaumont Dr.
Orlando, FL 32808

Loerene Mitchell
Signature/Incorporator

Nov. 14, 2000
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

Loerene Mitchell
Signature/Registered Agent

Nov. 14, 2000
Date

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00 NOV 29 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA