TRANSMITTAL LETTER

P010000007976

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

SUBJECT: FIST LYNPIESSION CLEANEYS COYDOTATION
(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	
FROM:	Ketelie Es Name (Pr	ADDITIONAL CO	OI JAN 22	
	Fort-Myers.	Address 1 33908 State & Zip	SEE, FLORIDA	on 4: 20

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

Daytime Telephone number

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

January 8, 2001

KETELIE ESCARMENT 14881 KIMBERLY LANE FT. MYERS, FL 33908

SUBJECT: FIRST IMPRESSION CLEANERS CORPORATION

Ref. Number: W01000000462

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

The document must state the number of shares of authorized stock.

Please return the 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) 487-6929.

Letter Number: 401A00000917

Joey Bryan Document Specialist

Division of Comparations D.O. POY 6227 Tollahoggan Florida 22214

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: First Impression Cleaners Corporation				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4937 Rattle Snake Hammock Rd Naples, Fl. 34135 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Due to Multiple Partners,				
ARTICLE IV SHARES The number of shares of stock is: 30 ShareS				
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Ketelie Escarment Katie Pierre-Vil Krista Pierre-Vil				
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:				
Ketelie Escarment Fort-Myers, F1. 33900				
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Ketelie Escarment 14881 Kimberly Ln. Fort-Myers, Fl. 33900				

Signature/Registered Agent Certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity Date				
Signature/Incorporator Ol-O2-Ol Date				