#### TRANSMITTAL LETTER

01 MAR 26 PM 1:56

SECRETARY OF STATE TALLAHASSEE FLORIDA

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

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

\$70.00 Filing Fee

**578.75** 

Filing Fee &

Certificate of

Status

□\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

Tacksonville, H. 322 10
City, State & Zip

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

 $\mathcal{J}^{\checkmark}$ 

#### **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: QUALITY FAMILY CLEANING SERVICE, INC.

## ARTICLE II PRINCIPLE OFFICE

The principal place of business and mailing address of this corporation shall be: 7900-20 103rd STREET SUITE #12 JACKSONVILLE, FL.32210

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10,000 (TEN THOUSAND)

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: B. WARNER SMITH SR. 1483 CARIBOU CRT. ORANGE PARK, FL. 32065

# ARTICLE V INCORPORATOR

The name and address of the incorporator of theses Articles of Incorporation are: STACEY S. PIERCE 7900-20 103rd STREET SUITE #12 JACKSONVILLE FL. 32210

Signature/Incorporator

Date

(An additional article must be added if an effective date is requested)

Having been names as registered agent and to accept service process for the above stated corporation as the place designated in t certificate, I hereby accept the appointment as agent and agree to act in this capacity. I further agree to comply with the provis. of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations my position as registered agent

Signature/Registered Agent

Date SEE FI

INTE