6 Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SUBJECT: E OPTIONS TO CLEAN, INC. (PROPOSED CORPORATE NAME - <u>MUST INCLUDE SUFFIX</u>) MORE 3000049 -02/14/02--020 *****87.50 ****87.50 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$70.00 **\$78.75 \$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: <u>ANNIE Searles</u> Name (Printed or typed) 2319 BROOM ST Address 02 MAR 15 PM 12: JACKSONUILLE, FL 32208 City, State & Zip (904) 768-0520 Daytime Telephone number <u>____</u>___

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





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

February 19, 2002

ANNIE SEARLES 2319 BROOM ST. JACKSONVILLE, FL 32208

SUBJECT: MORE OPTIONS TO CLEAN, INC. Ref. Number: W02000004832

We have received your document for MORE OPTIONS TO CLEAN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal office and/or a mailing address in the document.

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) 245-6995.

Wanda Cunningham Document Specialist New Filing Section

Letter Number: 902A00010289

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ARTICLES OF INCORPORATION OF MORE OPTIONS TO CLEAN, INC.

The undersigned as the incorporator of a corporation under the Florida General Corporation Act, adopts the following Articles of Incorporation for such corporation:

ARTICLE I

NAME: The name of the corporation is:

MORE OPTIONS TO CLEAN, INC.

ARTICLE II

The principal place of business/mailing address is:

8914 6th Avenue, Jacksonville, Florida 32208

ARTICLE III

PURPOSE: The purpose of the Corporation is to engage in any lawful act or activity for which corporations may be now or hereafter organized under the laws of the State of Florida.

ARTICLE IV

CAPITAL STOCK: The corporation is authorized to issue only one class of stock. The total number of shares authorized shall be 1000 and the par value of each share is \$1.00.

ARTICLE V

BOARD OF DIRECTORS: The initial board of directors shall consist of 3 members. The name and mailing address of the persons who will serve as directors are:

Name: Address:	 Annie <u>Searles</u> 2319 Broom Street, Jacksonville, Florida 32208
Name Address:	Hazel Lawton 7751 Calvin Street, Jacksonville, Florida 32208
Name	Nyoka Taylor 8747 7 th Avenue, Jacksonville, Florida 32208

ARTICLE VI

REGISTERED OFFICE AND REGISTERED AGENT: The street address of the initial registered office is: 2319 Broom Street <u>Jacksonville</u>, Florida 32208

and the name of the initial registered agent is: Annie Searles

ARTICLE VII

INCORPORATOR: The name and address of the incorporator is: Name: Annie Searles Address 2319 Broom St Jacksonville, Florida 32208

The undersigned being the sole incorporator above named signs and acknowledges these Articles of Incorporation at Jacksonville, Florida on the $\underline{5}$ day of $\underline{FEBRuary}$ 2002.

Incorporator (Signature)

STATE OF FLORIDA COUNTY OF DUVAL

Before me, the undersigned authority, personally appeared Annie Searles, Who is well know to be the person described in and who subscribed the above Articles of Incorporation, and he did freely and voluntarily acknowledge before me according to law that she made and subscribed the same for the used and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Jacksonville in said County and State the <u>7th</u> day of <u>February</u> 2002, Marion Graham, III

Notary Public

Marion Graham, III MY COMMISSION # CC885122 EXPIRES November 2, 2003 BONDED THRU TROY FAIN INSURANCE, INC

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,

Registered Agent (Signature)