TRANSMITTAL LETTER

0200045736

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

Florida DM Cl.
(Proposed corpora

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

- \$70,00 Filing Fee
- - & Certificate
- \$122.50
- Filing Fee & Certified Copy
- \$131.25
- Filing Fee,
- Certified Copy
- & Certificate

ADDITIONAL COPY REQUIRED

· Aug; 1= 6 3.3/73
City, State & Zip BO5) 630-2904

Davime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

The name of the corporation shall be:

Flori de DM Clegninh Services INC.

PRINCIPAL OFFICE ARTICLE II

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

11465 SW 57 TERR Mismy; FL 33/73

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

MARY F. WEATER

11465 SW 57 TERR

Mismi FC 33,73

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MARY F. WEAVER 11465 SW 57 TEAR MIAMI FL 33173

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

207 day of April ... Volv.

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

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	. The name of the corpor	ration is: \mathcal{J}	=lorida	Dry Cless	Jinly SE	DI/CU	s FAC
2.	. The name and address	of the register	red agent and office	is:		•	
		MARY	F. Weg.	JER			
		11465 (P.O. Box o	or Mail Drop Box NOT	ACCEPTABLE)			•
		Misu	1 j J-L Z	3173		02 AFR	SECRET
co. ag rel	aving been named as orporation at the place of gent and agree to act in lating to the proper and bligations of my position	designated in 1 this capacity. Complete perj	his certificate, I her I further agree to formance of my duti	eby accept the appoint comply with the proving the comply with the province the complex with the province the complex with the province the complex with the co	ntment as registere isions of all statute	rd छ । १८ क	ARY OF STATE
	М	1 1 0 1		4/20/	0		

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314