(Requestor's Name)			
(Address)			
(Address)			
(
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Calonico Cataly Films)			
(Second Months			
(Document Number)			
Certified Copies Certificates of Status			
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VI 03

TRANSMITTAL LETTER

P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Clear the of Maine Troised Subject: (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 \$78.75

Department of State

Filing Fee - Filing Fee

& Certificate of Status

FROM:

Name (Printed or typed)

1890 N. W. 74th Way

Address

Pembroke Pihrs, FL 33004

City, State & Zip

(454) 323-6287

Daytime Telephone number

Filing Fee

& Certified Copy

Filing Fee,

Status

ADDITIONAL COPY REQUIRED

Certified Copy & Certificate of

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

	· · · · · · · · · · · · · · · · · · ·	•
ļ	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
	ARTICLE I NAME	03 FEB 27 AM 9: 43
	The name of the corporation shall be:	SCURE LANT UP STATE
	Cleanvite of Maire, Inc.	TALLAHASSEE, FLORIDA
	ARTICLE II PRINCIPAL OFFICE	
	The principal place of business/mailing address is:	
	Pembroke Pines, FL 3 3024	
	ARTICLE III PURPOSE	
	The purpose for which the corporation is organized is:	
	Janitorial Services	
	ARTICLE IV SHARES	** •
	The number of shares of stock is:	
	·	
	ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
	The name(s), address(es) and title(s): Nancy Delayosa, President / Trea Arsenio Delayosa, Vice Pres./ 1890 NW 14th Way Proposite Pipe of Delayosa	sulu/sucyolaca.
	Arsenio Dularosa, Vice Pres.	ov ay oca coding
	1890 NW Tet way	
	Particle VI REGISTERED AGENT	
		y Dularosa
	1890 NW 74th Wax	y 1) (1 of 1 of 1
	Pembroku Pinus, FL 33024	
A DATAL III THE TAXABBABABABABABA		
	The name and address of the Incorporator is: Name Aland Alan	7050\
	1890 N.W. TYTH Way -	
	Pembrolapines, FL 33024	ب ما در
	Having been named as registered agent to accept service of process for the above stated corpor	ration at the place designated in this
	certificate, I am familiar with and accept the appointmentias registered agent and agree to act i	n this capacity
	Thank of the hose	3/25/03
	Signature/Registered Agent	Date / /
	Y/Com S. Ch / Para	2/2903
	Signature/Incorporator	Date