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TRANSMITTAL LETTER

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

	(PROPOSED CORPORA	TE NAME - MUSTINGE	ODE SUFFIA)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: \mathcal{A}	Rexamolne Konz	netsov		
5280 millemia Blvol #305				
_	orlando FL	32839 , State & Zip		
-	(407) 352-14 (Daytime	62 Felephone number		

SUBJECT: A. K Labor Services, Inc.

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	03 JUN -4 AM 10: 26
The name of the corporation shall be:	SECRETARY OF STATE
A.KLabor Services, Inc.	TALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
P.O. Box 593391 Oplando, FL 32839 ARTICLE III 'PURPOSE	
The purpose for which the corporation is organized is:	_
To provide janitorial service	
ARTICLE IV SHARES The number of shares of stock is:	
1000	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)	
The name(s), address(es) and title(s): P. O. Box 59339/	
Orlando FL 32839	
Alexandre Kouznetsov-president	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Alexandre Kouznetsov	
5280 millenia Blud # 305 Orlando,1	FL 32839
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Auranoire Kouznetsov P.O. Box 593391	
0n/anc/o FL 32839	**************
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	ed corporation at the place designated in this ee to act in this capacity
Stuff 1	06-03-03
Signature/Registered Agent	Date
	06-03-03

Signature/Incorporator

Date