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SECRETARY OF STATE

SECRETARY OF STATE

TRANSMITTAL LETTER

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

SUBJECT: Sparkling Clea	ining Service					
(PROPOSED CORPORA)	TE NAME – <u>MUST INCLUDE SUFFIX</u>)					
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:					
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 □ \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status					
	ADDITIONAL COPY REQUIRED					
FROM: Pouline Name ((Printed or typed)					
6442 Fox	Brian TRAil					
Orlando FC 32818						
(4M) 2532908						
Daytine 16	elephone number					
NOTE: Please provide the or	iginal and one copy of the articles.					
Pauline GAVE AUTHORIZATION BY PHONE TO						
CORRECT at Clo	•					
DOC. EXAM						

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: D & D SPARKLING CLEANING SERVICE INC. SECRETARY OF STATE TALLAHASSEE, FLORID ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: CH42 FOX Brice Tallahas

ARTICLE IV SHARES
The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ANY AND ALL LAWFUL BUSINESS

The purpose for which the corporation is organized is:

President PAULINE CHINNERY

ARTICLE VI	REGISTE	RED AC	BENT		
The name and Flo	rida street addı	ess of the	e registered agent is:	PAULINE	CHINNERY
6442	Fox Bn	ar	TRAS1		
Orle	ndu, FC	. 32	618		
ADMICI D THE	TANY DEAD	ATOD			

The name and address of the Incorporator is: PAULINE CHINNERY

6442 FOX BRIAR TRAIL ORLANDO, FL. 32818

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

Signature/Registered Agent Incorporator Date