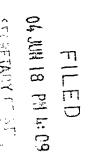
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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96/18

June 10, 2004

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: Lyons' Pressure Cleaning, Inc.

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$ 122.50.

This represents the cost of Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named Corporation.

Yours truly

Lyons' Pressure Cleaning, Inc.

of Charle Michael

Mailing address of Corporation
116 COLEMAN ROAD
WINTER HAVEN FLORIDA, 33880

863-853-2001

ARTICLES OF INCORPORATION

of

LYONS' PRESSURE CLEANING, INC					
(name	e of corporation)				
The undersigned acting as the incorpor Corporation Act, adopt(s) the following articles		th corporation:			
ARTICLE I -	CORPORATE NAME				
The name of the corporation is:		TLED			
LYONS' PRESSURE CLEANING, INC.		ED PM 4: 09			
ARTICLE II - DURATION		09			
This corporation shall exist perpetually	unless dissolved accord	ling to Florida law.			
ARTICL	E III - PURPOSE	:			
The corporation is organized for the purpermitted under the laws of the United States a					
ARTICLE IV	/ - CAPITAL STOCK				
The corporation is authorized to issue\$1.00per share.	1000 shares o	f common stock, par value			
ARTICLE V - INI The street address of the initial principa	•				
STREET ADDRESS 116 COLEMAN ROAD					
		_			
CITY WINTER HAVEN	FLORIDA	ZIP 33880			
Mailing address, if different:	<u> </u>	<u> </u>			
STREET ADDRESS					
The state of the s	<u> </u>				
CITY	FLORIDA	ZIP			
NAME					
ADDRESS					
CITY	FLORIDA	ZIP			

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have(may be either increased or diminished from time to (1). The names and addresses of the initial directo	time by the By-Laws, but sh	all never be less than one
NAME CHARLES MICHAEL LYONS	<u></u>	Language Company of the Company of t
ADDRESS 116 COLEMAN ROAD		· · · · · · · · · · · · · · · · · · ·
CITY WINTER HAVEN	STATE FL.	ZIP 33880
NAME PAMELA JEAN LYONS	<u>,</u>	e e e e e e e e e e e e e e e e e e e
ADDRESS 116 COLEMAN ROAD		<u> </u>
CITY WINTER HAVEN	STATE FL	ZIP 33880
NAME	<u> </u>	
ADDRESS	STATE	<u> </u>
CITY	STATE	ZIP
The names and addresses of the incorporators sign NAME CHARLES MICHAEL LYONS	NCORPORATORS ning these Articles of Incorpo	
CITY WINTER HAVEN	STATE FL	ZIP 33880
NAME PAMELA JEAN LYONS	6 (02° 1 - 1) (100° 1)	
ADDRESS 116 COLEMAN ROAD	· · · · · · · · · · · · · · · · · · ·	
CITY WINTER HAVEN	STATE FL	ZIP 33880
NAME	The state of the s	
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have executed the day of	ese Articles of Incorporation, 2004	<u> </u>

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

EANING	SECRETARY AS ST	04 JUN 18 PH 1:	FILED	
n)		9		

LYONS' PRESSURE CLEANING

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 5620 US HWY 98 NORTH, LAKELAND FL 33809

has named WM. R. HARKINS, EA

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature

Date