## PO4000112106

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
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Office Use Only



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## TRANSMITTAL LETTER

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

SUBJECT:	COOD CLEANING	SERVICE, Ir	ic.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM: Gloria Cross  Name (Printed or typed)  3036 54 <sup>th</sup> Dr F # 204  Address				
	Bradenton dity,	5 34203 State & Zip		
941 - 447 - 6565  Daytime Telephone number				

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

ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	TAG 2
The name of the corporation shall be:	
Cross Cleaning Service, Inc.	
	FILE 2004 JUL 30 SECRETARY ALLAHASSEE
ARTICLE II PRINCIPAL OFFICE	FILED  JUL 30 P 12: 54  CRETARY OF STATE LAHASSEE, FLORIDA
The principal place of business/mailing address is:	
3036 545 DR. E. #204	DRII 2: C
Bradenton, FC 34203	54 RIDA
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Cleaning Service	
ARTICLE IV SHARES	
The number of shares of stock is: 100	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Gloria Cross - President	
Andres Caicedo - Treasurer	
William dross - Secretary	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the reg	gistered agent is:
3036 549 DR. E. # 204 - CHORIA C	とのから
Bradenton, FC 34203	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
GLORIA Cross 3036 544 DR.E. #204	
Dradenton, FC 34203	
Having been named as registered agent to accept service of process for the above stated c	مله مله مله طبه عله عله عله عله عله عله عله عله عله عل
certificate, I am familiar with and accept the appointment as registered agent and agree to t	act in this capacity
Your Chara Care	plantant
Signature/Registered Agent	7/24/04
Signature Registered Agent	Date
Signature/Registered Agent  Signature (Nors)	2/24/04
Signature/Incorporator	Date
<del>2</del>	2000