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400050364684

TRANSMITTAL LETTER

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

SUBJECT: PERFE	CT TOUCH JANITORIAL SERVI	CE, INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	
\$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: CH	IASTITY BETHEL		
	Name	(Printed or typed)	
	6190 6TH ST. S.	Address	
	ST. PETERSBURG FL 33705 City,	State & Zip	
	727-906-9260 Daytime T	elephone 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)

SECRETARY DIVISION OF THE STATE) N
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ARTICLE I NAME

The name of the corporation shall be:

PERFECT TOUCH JANITORIAL SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 6190 6TH ST. S. ST. PETERSBURG FL 33705

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: JANITORAL SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHASTITY GRIMES BETHEL

PRESIDENT

TEART TERRELL BETHEL

VICE PRESIDENT

6190 6TH ST. S.

ST. PETERSBURG, FL 33705

6190 6TH ST. S. ST. PETERSBURG FL 33705

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CHASTITY GRIMES BETHEL 6190 6TH ST. S. ST. PETERSBURG FL 33705

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

CHASTITY GRIMES BETHEL 6190 6TH ST. S. ST. PETERSBURG FL 33705

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

wy the

Date

Date