

POS000066104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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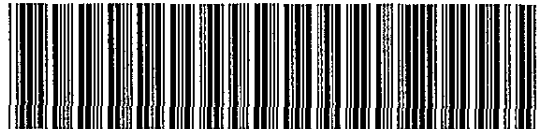
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/02/05--01007--003 \*\*70.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 MAY -2 PM 3:47

N. Culligan MAY 5 2005

## TRANSMITTAL LETTER

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

**SUBJECT:** MEDIC CLEANING SERVICES, INC

**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** ADELINA NIOMI DOLEJSI

Name (Printed or typed)

109 DERBY LANE

Address

ROYAL PALM BEACH, FL 33411

City, State & Zip

561-512-7209

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)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the corporation shall be:

MEDIC CLEANING SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

109 DERBY LANE ROYAL PALM BEACH, FLORIDA 33411

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT BUSINESS IN FLORIDA

**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):

Adelina Niomi Dolejsi  
109 Derby Lane

Royal Palm Beach, Florida 33411

President/Director

**ARTICLE VI REGISTERED AGENT**

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


John T Holz, CPA 3657 Westgate Ave. W Palm Beach, Fl 33409

**ARTICLE VII INCORPORATOR**

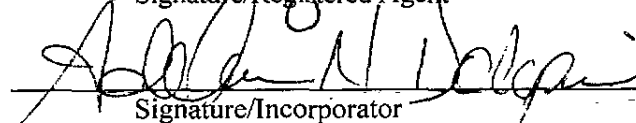
The name and address of the Incorporator is:

Adelina Niomi Dolejsi 109 Derby Lane Royal Palm Beach, Fl 33411

\*\*\*\*\*  
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

4/25/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4-25-05  
\_\_\_\_\_  
Date