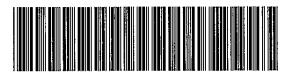
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TRANSMITTAL LETTER

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

SUBJECT:	4LLDIHK	JEKNT (E)	<u>INC</u>	
	(PROPOSED CORPO)RATE NAME – <u>MUST INCL</u> I	JDE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00	☑ \$78.75	□ \$78.75	☑ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
	•		& Certificate of	
			Status	
		<u> </u>	ADDITIONAL COPY REQUIRED	

FROM: _	Elijah Khatib Name (Printed or typed)
	(Table (Table of Spee)
	1837 have He Dr.
	Address
	Tellahassee, A. 3230 City, State & Zip
	^
	(850) 339-7235
	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 The name of the corporation shall be: ALLSTAR SERVICES of North Florida II PRINCIPAL OFFICE The principal place of business/mailing address is: Larette Dr., Tellahassee, Fl. 32301 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Tanitorial Services ARTICLE IV The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Elijah Khothb 1837 Lerette Dr. Tallahassee, Fl. 32301 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Elijah Khatib, 1837 Carette Dr., Tallahassee, Fl. 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Khatib, 1837 Lave He Dr., Tallahassee, Fl. 32301 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

Signature/Incorporator