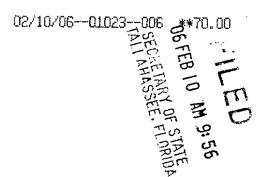
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-- 11-116

COVER LETTER

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

SUBJECT: A CHILLIA CLEAN	ING COMPANY THE	
(PROPOSED CO	RPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an original and one (1) copy of	f the articles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of State	\$78.75 \$87.50 Filing Fee,	
FROM: Name (Printed or typed) Name (Printed or typed) Address Address		
(850) 385-	City, State & Zip	

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: A lina leaning lo.	O6 FEB 10 AM 9: 56 SECRETARY OF STATE TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is 818 Footman LN. 1all., FL. 32317	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: LEALTING	-
ARTICLE IV SHARES The number of shares of stock is:	
List name(s), address(es) and specific title(s): RIS Lostman L.	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register	red agent is:
818 foothan LN. LUCTANA TOOTHAN Tall, Fr. 32317 ARTICLE VII INCORPORATOR	*
The <u>name and address</u> of the Incorporator is: LUGIANA FOOTMAN 818 FOOTMAN LNI. 1611: F. 32317	· · · · · · · · · · · · · · · · · · ·
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act in Signature/Registered Agent	ration at the place designated in this a this capacity Date
Signature/Incorporator	Date