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| PICK-UP | MAIT | 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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COVER LETTER

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

| SUBJECT: | Allied Janite | OVIA DEVUICES, TENAME-MUST INCLUDE SUPPLIX) | <u>Ln</u> |
|-------------------------|-------------------------------------|---|-----------|
| | (PROPOSED CORPORA | FE NAME – <u>MUST INCLUDE SUFFIX</u>) | |
| | | | |
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and a check for: | |
| □ # 70.00 | Te70 75 | \$78.75 | |
| ☐ \$70.00 Filing Fee | \$78.75 Filing Fee | Filing Fee Filing Fee, | |
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| FROM: | Norm 5 | OPTINITED OF TYPED | _ |
| | Name | (Printed or typed) | |
| | 2959 Coral | Strip PKWY. | |
| | | Address . | |
| | 0 0 | | |
| | Gulf Breeze | FC. 32563 State & Zip | |
| | City, | State & Zip | |
| | 050.10 | 9.7733 coll | |
| | Davtime T | elephone number | |
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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: Allied Janitorial Services, Inc. | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1/7 A - Auburn Road Fort Walton Beach, FL 325 ARTICLE III PURPOSE The purpose for which the corporation is organized is: | 54 |
| The purpose for which the corporation is organized is: To start a commercial janitorial business. ARTICLE IV SHARES | |
| The number of shares of stock is: // OOO | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Maxwell Hooks - President 2934 County Road 404 Elba, A1. 36323 Vice President Vice President | · · · · · · |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Norm Solgard 2959 Coval Strip PKWY. Gulf Breeze FL 32563 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Norm Solgard 2959 Coval Strip PKY Gulf Breeze FL 32563 | |
| ************************************** | |
| 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 Date Signature/Incorporator Date | |