PO600014746/

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF SIAL DIVISION OF CORPORATIONS



COVER LETTER

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

SUBJECT:	Proffesional Cl	eaning of F	lovida, Inc	
	(I KOI OSED COKI OKA	TE NAME CHOST INCE	UDE SUPPIA)	
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	_	Dlugozima (Printed or typed) Box 685 Address	<u> </u>	
	St. Petershurg, FL 33731 City, State & Zip J. FL			
727-430-7192 Daytime Telephone number				

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: The Cost cond 0 Close Name of Flore do Tong 27 day The Cost cond 0 Close Name of Flore do Tong 27 day	j E a
The name of the corporation shall be: $O_{\mathcal{S}MOL}$	ORATION
The name of the corporation shall be: Proffesional Cleaning of Florida, Inc 27 AM	7: 35
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
1735 Karleton Place S	
St. Peters burg, FL 33712	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Professional Corporation	
ARTICLE IV SHARES	
The number of shares of stock is:	
1,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List mama(s) address(ss) and analign title(s).	
Robert Dlugozina, President	
1735 Karuton Place S	
St. Petersburg. FL 33712	
J . Z 23 1. 3	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:	
Robert Dlugozima 1735 Karuton Place S	
St Petersburg, FC 33712	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Robert Dlugozima	
1735 Karleton PL S	
st Petersburg FC 33712	a de de de de
Having been named as registered agent to accept service of process for the above stated corporation at the place designated certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	d in this
Date	
RITIO	
Signature/Incorporator Registered Agent Date	
Kegistered rigent	

ARTICLES OF INCORPORATION