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COVER LETTER

ORCHID FULL Service Soluti (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX

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

Enclosed are an orig	final and one (1) copy of the artic	cles of incorporation and	d 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 DPY REQUIRED
FROM:		(Printed or typed)	· · · · · · · · · · · · · · · · · · ·
-	4223 Cric	Kett Hollo	w c.V
	Casselberry City,	FL 3270 State & Zip	7
	407-695 Daytime T	5-180-7 elephone number	

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

ARTICLE I NAME The name of the corporation shall be: ORCHID Full Service Solutions PM 3:44 ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
ORCHID Full Service Solutions, 234
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4223 Cricket Hollow Cove, Casselberry, FL 32767
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Cleaning, and apartment make-veady Services
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Marlin Canario - 4223 cricket Hollow Cv, Casselberry, FL32
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Marlin Canario, 4223 cricket Hollow cv, Casselberry, FL 32707
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Marlin Canario 4223 CVILLET Hollow cove, Casselberry, FL 32707

Signature/Registered Agent Date
Signature/Incorporator Date

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)