

PO1000061414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

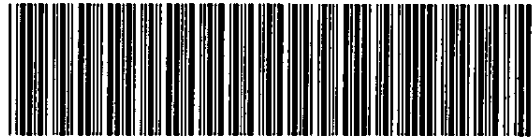
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 MAY 22 PM 12: 08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

S. McKnight MAY 23 2007

**COVER LETTER**

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

SUBJECT: MINT Condition Cleaning Services Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Michelle Harriott  
Name (Printed or typed)

401 SW 86th Ave #208  
Address

Pembroke Pines FL 33025  
City, State & Zip

(954) 696-3561  
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:  
*MINT Condition Cleaning Services, Inc*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:  
*401 SW 86th Ave # 208  
Pembroke Pines FL 33025*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
*Provide Cleaning Services for Commercial Business*

**ARTICLE IV SHARES**

The number of shares of stock is: *500*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):  
*Michelle Harriott .. President  
401 SW 86th Ave # 208  
Pembroke Pines, FL 33025*

SECRETARY OF STATE  
TALAHASSEE, FLORIDA

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
*361 Ramsawak  
1779 NW 91st Ave  
Coral Spring FL 33071*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
*Michelle Harriott  
401 SW 86th Ave #208  
Pembroke Pines FL 33025*

\*\*\*\*\*  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*4/25/07*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*4/25/07*  
\_\_\_\_\_  
Date