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(Red	questor's Name)			
(Add	dress)			
(Add	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL.		
(Bu	siness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			
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	Office Use On	iy		



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DEPARTION OF CORPORATION TALLAHASSEE, FLORIDA

RECEIVED

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T. Burch AUG 7 2007

COVER LETTER

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

SUBJECT: M	eNair Cleaning Se	nice Inc.	· ·
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
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 o Status PY REQUIRED
FROM:	Ondri Mc/	(Printed or typed)	<u>-</u>
	502 end (), W.	E, Apt A Address	
	Haverna Flan	/1 Ja 22333 State & Zip	
850	-321-1007 Cell	y'	

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

Daytime Telephone number

ARTICLES OF INCORPORATION			
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)			
ADTICLE I NAME	AL SE	0	
ARTICLE I NAME The name of the corporation shall be:	E CS	A	erronen.
	HAT!	AUG	
Mc Nair Cleans Service, Inc.	SSE SSE	90	
4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Y OF STAIL SEE, FLORIDA	P	'n
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	FL'S		0
CIVA OL OAL Maic		÷:	and the second
To and ct. WE (Apt A)	D'a Ti	O.	
Ordne menair 50; 2nd st, w.E. Apt A ARTICLE III PURPOSE ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:			
any and all jaw Ful Business in State of Florida,			
in State of Florida,			
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):			
ondrie McMain (P)			
502 2nd St, N.E. Apt A			
Havana Florila 32333			
ARTICLE VI REGISTERED AGENT The name and Florida street address (R.O. Pay NOT accentable) of the registered agent	ie:	•	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent	15.	•	
ondrie MMair 502 and st. N.E. Apt A			
Havana Flordu 32333 ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Ondrie menait Goz 2Nd St. N.E. Apt A Havana Florida 32223			
GOZ AND St. N.C. HAT!			
Haveng Flority 3273	*****	*****	***
Having been named as registered agent to accept service of process for the above stated corporation at the		ignated	in this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capac	ity		
Enlin mella" x10	8/0	7	
Signature/Registered Agent I	Date ,		
On day mella	x lo	7	
Signature/Incorporator	Date		
Signature/medipotator	Jaio		