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| (Requestor's Name)                      |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

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### **COVER LETTER**

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

| SUBJECT: Klear       | n Kar inc.                      |                                       |                                       |
|----------------------|---------------------------------|---------------------------------------|---------------------------------------|
| <del></del>          | (PROPOSED CORPOR                | ATE NAME - <u>MUST INCL</u>           | UDE SUFFIX)                           |
|                      |                                 |                                       |                                       |
|                      |                                 |                                       |                                       |
|                      |                                 |                                       |                                       |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and           | l a check for:                        |
| \$70.00              | <b>2</b> \$78.75                | \$78.75                               | \$87.50                               |
| Filing Fee           | Filing Fee                      | Filing Fee                            | Filing Fee,                           |
| 1 ming 1 00          | & Certificate of Status         | & Certified Copy                      | Certified Copy                        |
|                      | or Continued of Status          | a columba copy                        | & Certificate of                      |
|                      |                                 |                                       | Status                                |
|                      |                                 | ADDITIONAL COPY REQUIRED              |                                       |
| •                    | -                               |                                       | · · · · · · · · · · · · · · · · · · · |
|                      |                                 |                                       |                                       |
|                      |                                 |                                       |                                       |
| FROM: M              | ichael Elder                    |                                       |                                       |
|                      | Nam                             | e (Printed or typed)                  |                                       |
|                      |                                 |                                       |                                       |
|                      | 7514 N.W 42nd court             |                                       |                                       |
| •                    |                                 | Address                               | <del> </del>                          |
|                      |                                 |                                       |                                       |
|                      | Coral Springs, Florida          | 33065                                 |                                       |
| •                    |                                 | y, State & Zip                        |                                       |
|                      |                                 | , , , , , , , , , , , , , , , , , , , |                                       |
|                      | 954-461-5504                    |                                       |                                       |
| •                    |                                 | 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:

Klean Kar Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 7514 N.W 42 court. Coral Springs Florida. 33065



#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

- 1. To engage in any activity or business permitted under the laws of the United States of America and the State of Florida.
- 2. To sue or be sued, complain, and defend in its Corporate name.
- 3. To purchase, receive, lease, or otherwise acquire, own, hold, improve, use, and otherwise deal in and with real or personal property or in a legal or equitable interest in property whereever located.

#### ARTICLE IV SHARES

The number of shares of stock is:

1

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

List name(s), address(es) and specific title(s):

Michael Elder 7514 N.W. 42nd. court. Coral Springs, Florida. 33065 President ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Michael Elder
7514 nw 42ct Coral Springs, FL. 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Michael Elder
7514 nw 42ct Coral Springs, FL. 33065

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

Date

10/10/2007

Date

10/10/2007

Date

Signature/Incorporator