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SECRETARY OF STATE

EP 1/17/08

# COVÉR LETTER

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

SUBJECT: All Do	one Services, Inc.	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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: H	arold E. Odom		
	Name	(Printed or typed)	_
; :	5217 Swallow Dr.		
-	Land O'Lakes, Florida	Address  34639  State & Zip	
<u>:</u>	352-874-5910 Daytime T	elephone 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

The name of the corporation shall be:

All Done Services, Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5217 Swallow Dr., Land O'Lakes, Florida 34639 Mailing Address; P.O. Box 1351, Land O'Lakes, Florida 34639

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Office Cleaning Service

#### ARTICLE IV SHARES

The number of shares of stock is:

100

#### INITIAL OFFICERS AND/OR DIRECTORS

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

Harold E. Odom President 5217 Swallow Dr. Land O'Lakes, FI 34639

Donna G. Odom Treasurer 5217 Swallow Dr. Land O'Lakes, FI 34639

Sheila Booth Secretary 3829 S. Lake Dr. #212 Tampa, FI 33614

Signature/Incorporator