P08000015564

(Requestor's Name)
(Address)
(Add., a)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(D)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
,

Office Use Only



200117489752

02/11/08--01016--002 **70.00

08 FEB | I AH 7: 45
SECRETARY OF STATE
TALL AHASSEF, FLORIO

1/4

COVER LETTER

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

E NAME – <u>MUST INCL</u>	UDE SUFFIX)
les of incorporation and	a check for:
\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
Printed or typed)	
33414	
enhone number	·····
	\$78.75 Filing Fee & Certified Copy

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:

Home Kleen, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 1944 Polo Lake Dr Wellington, Fl. 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 @ .01

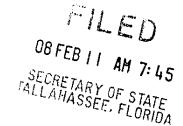
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President:

Richard Kardos 1944 Polo Lake DR Wellington, Fl. 33414

Vice President: Claudia Kardos 1944 Polo Lake Dr Wellington, Fl. 33414



ARTICLE VI REGISTERED AGENT

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

Richard Kardos 1944 Polo Lake Dr Wellington, Fl. 33414

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Richard Kardos 1944 Polo Lake Dr Wellington, Fl. 33414

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/Registered Agent

Signatura/Incompretor

Signature/Incorporator

OB FEB I AM 7: 45
SECRETARY OF STATE
SECRETARY OF STATE