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| Special Instructions to Filing Officer: |                                       |      |  |  |
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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:ATLA             | ANTIC SWEEPING, INC.                       | ATE NAME – <u>MUS</u> T INCI                       | UDE CHECIV  |
|--------------------------|--|--|---|
|                          | (FROFOSED CORFORA                          | NIE NAME – <u>MOSI INCI</u>                        | <u>Lude Suffix</u> )  |
| Enclosed are an original | ginal and one (1) copy of the arti         | cles of incorporation and                          | l 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 of Status PPY REQUIRED |
| FROM:                    | Kristie L. Gates                           | 1  |   |
|                          |  | (Printed or typed)                                 |   |
| ,                        | 3336 Briar Cliff Drive                     | Address  |   |
|                          | Holiday, FL 34691                          | , State & Zip                                      |   |
|                          | Daytime 1                                  | Celephone number                                   | <del></del>   |

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:

ATLANTIC SWEEPING, INC.

# ARTICLE II PRINCIPAL OFFICE

The principle <u>street</u> address and mailing address, if different is: 3336 BRIAR CLIFF DRIVE HOLIDAY, FL 34691

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CLEANING OF PARKING LOTS

#### ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): DIEDRE M. ROZIK 1181 ANCLOTE ROAD, LOT 24 TARPON SPRINGS, FLORIDA 34689

KRISTIE L. GATES
3336 BRIAR CLIFF DRIVE

#### ARTICLE VI REGISTERED AGENT

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

3336 BRIAR CLIFF DRIVE HOLIDAY, FLORIDA 34691

#### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: DIEDRE M. ROZIK 1181 ANCLOTE ROAD, LOT 24 TARPON SPRINGS, FLORIDA 34689

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

Signature/Incorporator

Date 4-1-08

Date

OS APR -3 PM 2:33

SECRETARY OF STATE
ALLAHASSEE. FLORIDA