P08000081004

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Line) Hame)
(Document Number)
(Docament Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



400135079554

09/02/08--01046--015 **78.87

OB SEP -2 PN 2: 19
SECRETARY OF STATE
SECRETARY OF STATE



TRANSMITTAL LETTER

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

SUBJECT:	KLEEN ACXION, CORP.		
	(PROPOSED CORPORA	TE 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 & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	_	inthe, Registered Age	nt
	45 N.E. 209 Terrace Address		
	Miami, Florida 33179 City, State & Zip		
	(786)395-4888 Daytime Telephone number		

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

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: KLEEN ACXION, CORP.

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Janitorial

FOURTH

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.



NINTH

The address of the initial Registered Office of the corporation is: 45 N.E. 209 Terrace Miami, Florida 33179 and the name of it's initial Registered Agent at such address is: Stinberg Bissainthe

TENTH

Address of the principal place of business is: 45 N.E. 209 Terrace Miami, Florida 33179

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is Two, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME ADDRESS

* Danny Leclerc, Pres. /Treas. 245 N.W. 134 ST Miami, Florida 33168

* Stinberg Bissainthe, Vicep./Secret. 45 N.E. 209 Terrace Miami, Florida 33179

TWELFTH

The name and address of each incorporator is:

<u>NAME</u> <u>ADDRESS</u>

* Danny Leclerc, Pres. /Treas. 245 N.W. 134 ST Miami, Florida 33168

* Stinberg Bissainthe, Vicep./Secret. 45 N.E. 209 Terrace Miami, Florida 33179

Date: August 22, 2008

FILED 08 SEP -2 PM 2:19

SECRETARY OF STATE ALLAHASSEE, FLORIDA

Stinberg Bissainthe, Incorporator

Danny Leclerc, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.

Stinberg Bissainthe, Registered Agent