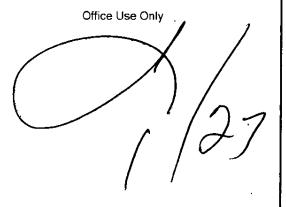
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SECRETARY OF STATE

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## **COVER LETTER**

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

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Enclosed are an orig	inal and one (1) copy of the arti	cles 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	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Kimbeelu	(Printed or typed)	29V2
	3961 P	ark lane	·
	W.P.B, Chy.	State & Zip 334	106
	Stol- Daytime T	439-625 elephone number	8

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

## CLES OF INCORPORATION pliance with Chapter 607 and/or Chapter 621, F.S. (Prom., CLE I NAME une of the corporation shall be: PRINCIPAL OFFICE PRINCIPAL OFFICE and mailing address, if different is: PRINCIPAL OFFICE PRINCIPAL OFFICE ANSEE FLORING PRINCIPAL OFFICE TO ANSEE FLORING PRINCIPAL OFFICE PRINCIPAL OFFICE TO ANSEE FLORING PRINCIPAL OFFICE ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: Commercial and Residental Cleaning ARTICLE IV SHARES The number of shares of stock is: OO**INITIAL OFFICERS AND/OR DIRECTORS** List name(s), address(es) and specific title(s): Kimberly ann VAZQUEZ President 39kol Park lane WPB, F1 33406 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Kimberly ann Vazquez 3961 April Jane WPB, FI 33406 **INCORPORATOR** The name and address of the Incorporator is: Kimberly am VAZQUCZ 3961 PARK lane WPB FL 334010 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