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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basilioso Eliaty Hailie)				
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Certified Copies Certificates of Status				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA 09 AUG -5 PM 4: 14

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*COVER LETTER

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

SUBJECT:	Resort Cleaning Solutions, Inc.			
Enclosed are an orig	inal and one (1) copy of the art	TE NAME - MUST INCL		
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	ADDITIONAL CO	L COPY REQUIRED		
FROM:	Lisa Shull Name (Printed or typed)			
v _{ert} aine.	219 S. Clyde Ave Address Kissimmee, FL 34741 City, State & Zip			
 .				
	407-962-5150 Daytime Telephone number			
	shullsfcs@yahoo.com			
	E-mail address: (to be used for future annual report notification)			

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)

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ARTICLE I NAME

The name of the corporation shall be:

SECHETARY OF STATE

Resort Cleaning Solutions, Inc. TALLAHASSEE. FLORIDA

PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 219 S. Clyde Ave. Kissimmee, FL 34741

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

INITIAL OFFICERS AND/OR DIRECTORS

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

President - Lisa Shull 219 S. Clyde Ave Kissimmee, FL 34741

Vice President- Lisa Shull 219 S. Clyde Ave Kissimmee,FL 34741

Secretary - Lisa Shull 219 S. Clyde Ave Kissimmee, FL 34741

ARTICLE VI REGISTERED AGENT

Luse Shull

Treasureh

2195. Clyde Ave

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

Lisa Shull 219 S. Clyde Ave Kissimmee, FL 34741

INCORPORATOR ARTICLE VII

The name and address of the Incorporator is:

Lisa Shull - 219 S. Clyde Ave Kissimmee, FL 34741

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

109 05

Date