

P09000088745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

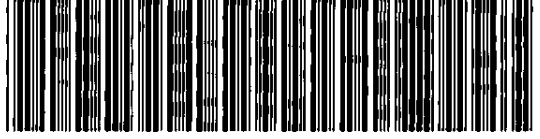
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
# of shares per customer  
sch

Office Use Only



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10/26/09--01064--002 \*\*78.75

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**COVER LETTER**

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

SUBJECT: Premier Cleaning, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Mr. Michael Fallas  
Name (Printed or typed)

3144 Twisted Oak Loop  
Address

Kissimmee, FL 34744  
City, State & Zip

407-677-0464  
Daytime Telephone number

m.premiermarket@aol.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)

**ARTICLE I NAME**

The name of the corporation shall be: Premier Cleaning, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: 3144 Twisted Oak Loop  
Kissimmee, FL 34744

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Carpet cleaning and other Home HD cleanings.

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Michael Fallas. 3144 Twisted Oak Loop  
Kissimmee, FL 34744

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**ARTICLE VI REGISTERED AGENT**

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

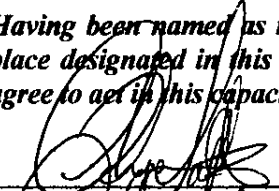
Michael Fallas  
3144 Twisted Oak Loop  
Kissimmee, FL 34744

**ARTICLE VII INCORPORATOR**

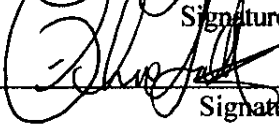
The name and address of the Incorporator is:

Michael Fallas  
3144 Twisted Oak Loop  
Kissimmee, FL 34744

\*\*\*\*\*  
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

10-13-09  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

10-13-09  
\_\_\_\_\_  
Date