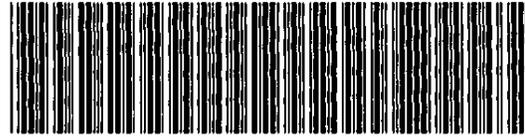


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12/06/10--01011--002 \*\*70.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT: Service One Wipe It Clean, 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 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: Jasmin M Gayle  
Name (Printed or typed)

3045 Isola Bella BLVD  
Address

Mount Dora, FL 32757  
City, State & Zip

(772) 232-8177  
Daytime Telephone number

freedom.gayle2@gmail.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 Service One Wipe It Clean, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address: 3045 Isola Bella BLVD, Mount Dora, FL 32757
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Janitorial Services

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Jasmin M Gayle
Address: 3045 Isola Bella BLVD, Mount Dora, FL 32757

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Jasmin M Gayle
Address: 3045 Isola Bella BLVD, Mount Dora, FL 32757

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Jasmin M Gayle
Address: 3045 Isola Bella BLVD, Mount Dora, FL 32757

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

[Handwritten Signature]

Required Signature/Registered Agent

11/30/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Handwritten Signature]

Required Signature/Incorporator

11/30/10
Date

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TALLAHASSEE, FLORIDA