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COVER LETTER

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

SUBJECT: Candise B Cleaner? Housekeeping and Cleaning Service, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$78.75 \$87.50 \$70.00 Filing Fee Filing Fee, Filing Fee Filing Fee Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Candise J. Carlson Name (Printed or typed) 4939 Kingsmeadow Lane Address Jacksonville, Florida 32217 City, State & Zip Daytime Telephone number

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

Candisecarlson@yahoo.com
E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I The name of the co	NAME orporation shall be: Candise B Cleaner?	Housekeeping and Cleaning Service, Inc.	
ARTICLE II	PRINCIPAL OFFICE	Housekeeping and Cleaning Service, Inc.	
ar iicle ii	Principal street address	Mailing address, if different is:	
	4939 Kingsmeadow Lane	4939 Kingsmeadow Lane	
	Jacksonville, FL 32217	Jacksonville, FL 32217	
•			
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
		ntial and businesses. We will offer an option	ıal
	n" Package utilizing non-chemical		
ARTICLE IV	SHARES		
The number of sha	_{tres of stock is:} 100 in possession of owner hereby, maintain majority sh	 Should shares be offered to the public, owner shares 	ıall,
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT		
	itle: Candise J. Carlson, President/Ov	vner Name and Title:	
Address:	4939 Kingsmeadow Lane	Address:	
	Jacksonville, FL 32217		
Name and T	N41a.	Name and Title	
Address:	me:	Name and Title:	
Audress:			
			
Name and T	itle:	Name and Title:	
Address:		Address:	
	REGISTERED AGENT	~	
	orida street address (P.O. Box NOT acceptable	e) of the registered agent is: ALCARETA AHAR	
Name:	Candise J. Carlson	—	
Address:	4939 Kingsmeadow Lane	<u> </u>	
	Jacksonville, FL 32217	— 17A 2	11.
ARTICLE VII	INCORPORATOR	SE 2	ſ
	dress of the Incorporator is:	me 💆	
Name:	Candise J. Carlson	元 。	7.5
Address:		STATE LORD	
riddi ess.	4939 Kingsmeadow Lane Jacksonville, FL 32217		
	Little Control of the		
Having been nam	ed as registered agent to accept service of pro	ocess for the above stated corporation at the place design	rated i
his certificate, I a	m familiar with and accept the appointment as	registered agent and agree to act in this capacity	
	7 _		
/ *	an e-		
	Required Signature/Registered Agent	Date	
_			
		are true. I am aware that the false information submitt	ted in i
locument to the D	epartment of State constitutes a third degree f	elony as provided for in s.817.155, F.S.	
/		2/10/11	
	Required Signature/Incorporator	3/18/1	
	Required Signature/Incorporator	Date	