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(Danuarhada Nama)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusiness Entity Name)
(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

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

SUBJECT: PERFECT TOUCH CLEANING & JANITORIAL SERVICE INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: William Butler	e (Printed or typed)
1234 sw San Esteban A	Ve Address
Port Saint Lucie, Florida City,	a 34953 State & Zip
772-418-448 Daytime 1	Telephone number
perfecttouchwb@gmail.c E-mail address: (to be use	com / d for future annual report notification)

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

3/23/11

CORPORATE DETAIL RECORD SCREEN

REJ: 03/14/2011

NUMBER: W11000014354

REJECTED FILING NAME : PERFECT TOUCH CLEANING & JANITORIAL SERVICE INC SUBMIT BY: WILLIAM BUTLER

ADDRESS : 1234 SW SAN ESTEBAN AVE

PORT SAINT LUCIE, FL 34953

USER ID

: JAHICKMAN

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

RECEIVED
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DIVISION OF CONTROL OF SALIONS

10:31 AM

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE II	PRINCIPAL OFFICE						
221, 120, 22	Principal street address		М	ailing address	if different i	ie-	
13	1 Doe Trail 1234 sw San Esteb						
	piter, Florida, 33458			t Lucie, Flo			
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ARTICLE III F	URPOSE						
	ich the corporation is organized is:				- ⁻¹ 0	 *	
Cleaning Serv						HAR	
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ARTICLE IV	SHARES					_	
The number of share					2.		
						بت دی	
ARTICLE V	NITIAL OFFICERS AND/OR DIRECTO	<u>DRS</u>	1 223.41				
Name and Tit	e:William Butler/President 1234 sw San Esteban Ave	Name	and Title:	Nison McL 31 Doe Tr	onald/Vic	e Presi	dent
Address:	Port Saint Lucie Florida 34953			upiter, Flo			
	FBIT Salut Eticle Fibrida 34955		<u></u>	nhireit Lin	nna ssass	<u> </u>	
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Nome and Titl	••	Nome	and Titles				
Address:	e:	Name	and thie:_				
riddiess.							
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ARTICLE VI	REGISTERED AGENT						•
	da street address (P.O. Box NOT acceptable)	of the regi	stered agent	is:			
Name:	William Butler		-			÷	
Address:	1234 sw San Esteban Ave						
	Port Saint Lucie Florida 34953						
ARTICLE VII	NCORPORATOR						
	ess of the Incorporator is:						
Name:	William Butler						
Address:	1234 sw San Esteban Ave						
	Port Saint Lucie Florida 34953				•		
Having been named	as registered agent to accept service of proc	ess for the	ahove state	d cornoratios	at the place	o destana	ted in
	familiar with and accept the appointment as r						
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	Required Signature/Registered Agent	·····		_	Da		_
I nukudé ékla dos	and and affirm that the first stated become			و ماسک برمانه ندمه	ind o		
	ent and affirm that the facts stated herein a grtment of Statejconstitutes, a third degree felo					suomittei	ı ın a
	The transfer of State Constitutes a titura degree feto	ny us pro	naca joi iil s	out for July Fold	^	,	
<u> </u>					March 08	2014	
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