## P11000052726

(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:

Office Use Only

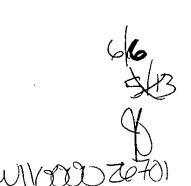


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## **COVER LETTER**

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

SUBJECT:	•	Horlal Services	·			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)			
Enclosed are an origin	nal and one (1) copy of the ar	rticles of incorporation an	d a check for:			
S70.00 Filing Fee	\$78.75 —Filing Fee & Certificate of Status	678.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED			
FROM:	Hotanda A.	Brown ne (Printed or typed)				
3544 St. Johns Bluff Road S, #9						
	Jacksonville A	•				
	(904) 885 Daytime	-6537 Telephone number				
brown yo land 67@ yahoo. wm E-mail address: (to be used for future annual report notification)						

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2011

YOLANDA A. BROWN 3544 ST. JOHNS BLUFF ROAD S #913 JACKSONVILLE, FL 32224

SUBJECT: RED HOT JANITORIAL SERVICES, INC.

Ref. Number: W11000026701

We have received your document for RED HOT JANITORIAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

•

Letter Number: 211A00011934



RECEIVED
11 JUN -3 AM 10: 29

FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA
Division of Corporations

May 25, 2011

YOLANDA A. BROWN 3544 ST. JOHNS BLUFF ROAD S #913 JACKSONVILLE, FL 32224

SUBJECT: RED HOT JANITORIAL SERVICES, INC.

Ref. Number: W11000026701

We have received your document for RED HOT JANITORIAL SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 211A00011934

Division of Comparting D.O. DOV 6297 Melleleners Elevide 2921

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

ARTICLE I NAM The name of the corporation		rial Service	ces, Inc.		
ARTICLE II PRIN	NCIPAL OFFICE				
350	Principal street address Bluff Road Ityl 91.	31	Mailing address, if d	lifferent is:	
ARTICLE III PURF	POSE				
	ne corporation is organized is:				
Clea	ening business				r
ARTICLE IV SHARE The number of shares of states.					
	IAL OFFICERS AND/OR DIRECTORS	·	Yalanda D	Rome	
	nhonel Dwens, Jr., 35445t. Johns Bluff Road Jot. 913	Name and Title: Address:	Apr 9/3	Johns Bl	
	Tacksonville the 32224	·	Jacksonv//6	1 322	724
Name and Title:Address:					
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Name and Title:	·	Name and Title:			
Address:		Address:			
<del></del>		-	·	三段一	- <del>-</del>
		-		<del>z</del> i.	r r
	<u>STERED AGENT</u> reet address (P.O. Box NOT acceptable) of t		4.1		1 The second
Name:	Juhanle K. Owens, Trans	ne registered agen	a is:	31	
Address:	3549 St Johns bluff Fd. #913	3		,T. **	
	JacksonvIII. 12 3224			35.	.;
ARTICLE VII INCO	RPORATOR		•	至時	S
The <u>name and address</u> of Name:	f the Incorporator is:				
Address:	3544 St. Johns Bluft Rd. 4913 Jacksonville to 32224	•			
	egistered agent to accept service of process j iar with and accept the appointment as regis				ignated in
	-1. D - () -1			5-11.	-11
	Required Signature/Registered Agent			5- 11 - Date	
		_			
I Submit this document a document to the Department	nd affirm that the facts stated herein are to ent of State constitutes a third degree felony o	rue. I am aware	that the false infor	mation subm	iitted in a
accament to the Departme	In official constitutes a title degree felony t	a proviucu jor in	3.UI/.IJJ <sub>3</sub> F.D.	,	1
	Yolanda U Drown			5-11-1	1
	Required Signature/Incorporator			Date	