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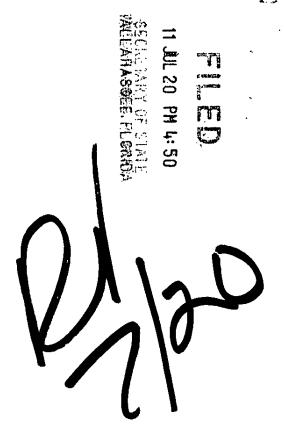
(Requ	uestor's Name)	
(Addi	ress)	
(Addı	ress)	······································
(City/	State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doct	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
	,	

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:	JAnitorial	Clépnino	Services.	_Inc		
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u> I	LUDE SUFFIX)			
Enclosed are an o	original and one (1) copy of the ar	ticles of incorporation an	d a check for:			
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
		ADDITIONAL C	OPY REQUIRED			
				4		
FROM:	Dorfen	ne (Printed or typed)	TREE CANAL			
11869 Paydras Rome 3						
Jackson Ville R 3218						
-	904 - 714 Daytime	7 - 3675 Telephone number				
-		sed for future annual report	t 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 NA The name of the corpor	AME Do ration shall be:	Janital	ial Clea	اسا حم ﴿	Bernices. I
ARTICLE II PE	RINCIPAL OFFICE Principal street address		Mail <	ing address, if o	lifferent is:
	0-10	(32218		DAM	<u></u>
	RPOSE the corporation is organ		ר		
The number of shares		D OR DEPENDE	S		
Name and Title:	ITIAL OFFICERS AN	HILL:	Name and Title:		
Address:	fred 10 ant		A .1.1		
	11869 Punda	FL 82218			
Name and Title:			Name and Title:		<u> </u>
Address:			_ Address: 		
Name and Title: Address:	•		Name and Title:		
					E CO
	EGISTERED AGENT	NOT	Pal		
Name:	a street address (P.O. Bo	x NOT acceptable) of	the registered agent is	i ;	
Address:	11869 Paye	Line Zno	- . .		9 2
	- Jack smi	The FCB	2216	<u> </u>	P P
	ICORPORATOR			2	3 11
	ss of the Incorporator is:	4:11			
Name: Address:	11869 Pay	clias =		30 8	50
Having been named this certificate, I am fo	as registered agent to accumiliar with and accept the	cept service of proces. he appointment as reg	s for the above stated istered agent and agre	corporation at ee to act in this	the place designated in capacity
	DA			•	3/20/2011
	Required Signature/	Registered Agent			Date
I submit this docume document to the Depar	ent and affirm that the for artment of State constitute	acts stated herein are es a third degree felon	true. I am aware the y as provided for in s.	at the false info 817.155, F.S.	ormation submitted in a
	Dut			_	7/20/2011.
	Required Signatu	re/Incorporator	<u>—</u>		Date