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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : DAVID C. HASTINGS, CPA, PA
Account Number : I20000000168
Phone : (727) 322-0909
Fax Number : (727) 322-0520

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: DAVIDCPA@TAMPABAY.FL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
PRO AMERICAN CLEANING SERVICES, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Nov. 11. 2011 10:21AM

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No. 2801 P. 2

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

ARTICLE I NAME PRO AMERICAN CLEANING SERVICES, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
7097 35TH TERRACE N
ST PETERSBURG, FL 33710

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO CONDUCT ANY LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOEL PEREZ PRES. SEC. DIR
Address: 7097 34TH TERRACE N
ST PETERSBURG, FL 33710

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

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



Required Signature/Registered Agent

11/11/2011

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.



Required Signature/Incorporator

11/11/2011

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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