Division of Corporations



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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION PRESSURE CLEANING D&D FAMILY ENTERPRISES INC.

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February 15, 2012

FLORIDA DEPARTMENT OF STATE

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SUBJECT: PRESSURE CLEANING D&D FAMILY ENTERPRISES INC.

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Maryanne Dickey FAX Aud. #: H12000039869 Regulatory Specialist II Supervisor Letter Number: 512A00006922 New Filing Section



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

ARTICLE I	NAME Pressure Cleaning D	0&D Family Ente	rprises INC.
The name of the c	corporation shall be:	,	
ARTICLE II	PRINCIPAL OFFICE		•
	Principal street address		Malling address, if different is:
	150 NW Carmelita Street	Same	
	Port St. Lucie, FL 34983		
ARTICLE III	PURPOSE		
The purpose for a	which the corporation is organized is:		
ANY AND A	LL LAWFULL ACTIVITIES		
ARTICLE IV	SHARES		
The number of the	ares of stock is: one Thousand shares -	 One Dollar par 	value
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	Mana	
Name and T	itte:Hender Dugue - President	Name and Title	::Nayiver A Delgado- Vice-President
Address:	150 NW Carmelita Street	Addrese-	150 NW Carmellta Street
1120,000.	Port St. Lucie. Fl. 34983		Port St. Lucie, FL 34983
			FOR St. COLIN, FL SHOOTS
	**.*		
	itle:	Name and Title	<u> </u>
Address:		Address:	
			
Name and T	litlet	Name and Title	<u> </u>
Address:		Address:	
			
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable	e) of the registered age	ont is:
Name:	Hender Duque	,	
Address:	150 NW Carmelita Street	,	C3 ##
	Port St Lucie Fl 34983		5
	•		က ကိုန်း
	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Hender Duque		7
Address:	150 NW Carmelita Street		
	Port St. Lucie, FL 34983		07: 17: W
Having been nan	ed as registered agent to accept service of pro	ocess for the above st	ated corporation at the place designated in
tists certificate, I q	on familiar with and accept the appointment as	registered agent and	agree to act in this capacity
V	tenlanem.		02.8.2012
	Required Signature/Registered Agent		Date
		- - -	A is the files information wheelthed he a
I submit this doc	ument and affirm that the facts stated herein	are true. I am awar	e inai ine jaise injormation suomatea in a L 677 186 FS
document to the I	Department of State constitutes a third degree f	etony as proviaea for t	III 3.01 /.133, F.S.
4.	LC O N 12 2 2 2		02.8.2012
	Required Signature Incorporator		02 8 2012 Date
	A CARLE OF THE HEALTH OF THE STATE OF THE ST		