## P12000024133

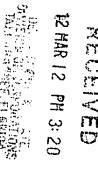
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

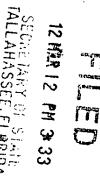
Office Use Only



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## **COVER LETTER**

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

SUBJECT: Seminole Clean	ing Services, Inc.	
SUBJECT: Seminole Cleaning Services Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee & Certified Copy & Certificate of Status	
	ADDITIONAL COPY REQUIRED	
FROM: Mailen Sanchez Name (Printed or typed)		
3 1517 Trail Blazer Drive Address		
Tallahassee F1 32301. City, State & Zip		
SSO- S66- S099  Daytime Telephone number		
E-mail address: (to be used for future annual report 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)

The name of the corporation shall be: Seminole Cleaning	Services, Inc.
Principal office  Principal street address  O 1517 Trail Blazer Drive  Tallahassee, Fl 32301	Mailing address, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  Cleaning houses & apartments  ARTICLE IV SHARES	12 MA 12 M
The number of shares of stock is: 100  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: Mailan Sanchez (Acsident) Name and Address:  Address: Address: Tallahassee, Fl 32301	Title:
Name and Title:  Address:  Name and Address:	Title:
Name and Title: Name and Address: Address:	Title:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered Name:  Address:  Address:  Tallahaisee 1 32331	i agent is:
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  Address:  Name:  Address:  Name:  Address:  Name:  Address:  Name:  Address:  Name:  Address:  Address:  Name:  Address:  Name:  Address:  Name:  Address:  Name:  Address:  Name:  Address:  Name:  Name:  Address:  Name:  Name:  Address:  Name:  Address:  Name:  Name:  Address:  Name:  Address:  Name:  Address:  Name:  Address:  Name:  Na	
Having been named as registered agent to accept service of process for the above this certificate, I am familiar with and accept the appointment as registered agent.	and agree to act in this capacity
Required Signature/Registered Agent  I submit this document and affirm that the facts stated herein are true. I am a document to the Department of State constitutes a third degree felony as provided	
Required Signature/Incorporator	3-12-11 Date