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(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:	
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COVER LETTER

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

SUBJECT: B&D C/can Si (PROPOSED CORPORATE	UCCP, Inc. TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the articles \$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: William J. Name	Picone (Printed or typed) 7th Place Ste.#/
Pompano E	Beach, FL. 3306 PAR 28 State & Zip 588-5820 Slephone number hotmail. Com for future annual report notification) 38
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: $B \neq D$ C/ea	n Sweep, Inc.
Principal office Principal street address 3204 N.E. 745 Pl. #1 Pompano Beach, EL, 33062	Mailing address, if different is:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: General alean up	
ARTICLE IV SHARES The number of shares of stock is: /OO	
Name and Title: William J. Picone, Address: - President 3204 N.E 745 Pl. #1 Pompano Beach, FL. 330	Name and Title: Address:
Name and Title:Address:	4 J
Name and Title:Address:	~~ <u>~</u>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable Name: Address: Address: W///Am J. Picone 3204 N.E. 745 Place Pompano Beach, FL.	ASSEE 33062
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Address: 3204 N.E. 745 Place Pompano Beach, FL.	33062 MI
Having been named as registered agent to accept service of pro- this certificate, I am familiar with and accept the appointment as	registered agent and agree to act in this capacity
William J. Picone Required Signature/Registered Agent	3/2 4//2 Date
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein the state of the state	
document to the Department of State constitutes a third degree fel	
William J. Picone Required Signature/Incorporator	3/24/ 20