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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Charlet Inchargetion - 1-	Cilina Officer	
Special Instructions to Filing Officer:		
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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: a Stronghand Inspection of the subject of the subject is a subject to the subject of th	tion Cleaning Services INC TENAME-MUSTINGLUDE SUFFIX)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: a Keith Burgess Name a 689 NW 20th S.	
a POMPOND BCH, FI	
a 954 - 612 - 77 Daytime To	elephone number
E-mail address: (to be used	l for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



May 10, 2012

KEITH BURGESS 689 NW 20TH ST POMPANO BCH, FL 33060

SUBJECT: STRONGHAND INSPECTION/CLEANING SERVICES, INC

Ref. Number: W12000026149

We have received your document for STRONGHAND INSPECTION/CLEANING SERVICES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 212A00014038

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

	PRINCIPAL OFFICE Principal street address 89 NW 2044 St	Mailin	Mailing address, if different is:	
	OMDONO Beach Fl	g- 060		
ETICLE III · F e purpose for wh Consulercia	PURPOSE ich the corporation is organized e lesidental (is: For real estate i	wspetion, property,	
	SHARES s of stock is: IO			
number of share	es of stock is:			
	INITIAL OFFICERS AND/OI	<u>R DIRECTORS</u>		
Name and Titl		Name and Title:		
Address:	699 NW JOHN ST	Address:		
POMPENO Beach	18 <u>33060 </u>			
Name and Titl	le:	Name and Title:	œ ,	
Address:		Address:	<u> </u>	
Name and Titl Address:	le:	Name and Title:Address:		
TICLE VI	REGISTERED AGENT			
		Γ acceptable) of the registered agent is:	•	
Name:	Keith Burges		/**	
Address:	0689 NW 104		•	
	Postfork BEH Fl	3.3060		
TICLE VII 1	NCORPORATOR			
name and addr	ess of the Incorporator is:			
Name:	Keith Burge	<u> </u>		
Address:	CS9 NEW 20th POMPANO Belf P	<u>57</u>		
	KONPAND BEH F	12,55060		
		rvice of process for the above stated co ointment as registered agent and agree t		
119	Required Signature/Registe		4-24-12	
なけん ノンノ	Paguired Signature/Pagiste	ered Agent	Date	
uth Ju	/ Required Signature/Regist	,		