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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : CSH SERVICES, LLC

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FLORIDA PROFIT/NON PROFIT CORPORATION PARENT'S COMPLETE SERVICE INC.

Certificate of Status	0		
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PARENT'S COMPLETE SERVICE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

99 BLACK HICKORY WAY ORMOND BEACH, FLORIDA 32174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and/or officers is/are:

DIRECTOR, PRESIDENT
GUY ROBERT PARENT
99 BLACK HICKORY WAY
ORMOND BEACH, FLORIDA 32174

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

GUY ROBERT PARENT 99 BLACK HICKORY WAY ORMOND BEACH, FLORIDA 32174

ARTICLE VII INCORPORATOR

The name and street address of the Incorporator is:

GUY ROBERT PARENT 99 BLACK HICKORY WAY ORMOND BEACH, FLORIDA 32174

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.

10/27/12

10/27/12