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Division of Corporations

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FLORIDA PROFIT/NON PROFIT CORPORATION
DURACLEAN SERVICES, CORP.

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9/11/2013 11:10:22 AM PAGE 1/001 Fax Server



September 11, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: DURACLEAN SERVICES, CORP.
REF: W13000050139

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000048696 (DURACLEAN SERVICES LLC).

Please return 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.

Pamela Smith
Regulatory Specialist II

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FAX No.

P. 003
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DIVISION OF CORPORATIONS

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

13 SEP 11 AM 11:25

ARTICLE I NAME

The name of the corporation shall be: DURACLEAN CHOICE, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1000 PONCE DE LEON BLVD

STE: 105

CORAL GABLES, FL 33134

Mailing address, if different is:

1000 PONCE DE LEON BLVD

STE: 105

CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) PEDRO L GONZALEZ

Name and Title: _____

Address 1000 PONCE DE LEON BLVD

Address: _____

STE: 105

CORAL GABLES, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PEDRO L GONZALEZ
Address: 1000 PONCE DE LEON BLVD STE: 105
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PEDRO L GONZALEZ
Address: 1000 PONCE DE LEON BLVD STE: 105
CORAL GABLES, FL 33134

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

Required Signature/Registered Agent

09/09/13
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

09/09/13
Date

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