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| (Requestor's Name)      |                     |             |
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| (Cit                    | ty/State/Zip/Phon   | e #)        |
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|                         | _                   | <b></b>     |
| ☐ PICK-UP               | ☐ WAIT              | MAIL        |
|                         |                     | •           |
|                         | •                   |             |
| (Bu                     | isiness Entity Nar  | ne)         |
|                         |                     |             |
|                         |                     |             |
| (Do                     | cument Number)      |             |
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| Codifical Continu       | O-484               | - f Ol-h    |
| Certified Copies        | _ Certificates      | s of Status |
|                         |                     |             |
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| Special Instructions to | Filing Officer:     |             |
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Office Use Only

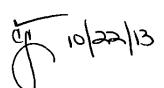


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FILED SECHETARY OF STATE DIVISION OF CORPORATIONS



## **COVER LETTER**

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

| SUBJECT: | Fabulous | Touch     | Cleaning     | Services,      | Inc.   |
|----------|----------|-----------|--------------|----------------|--------|
|          | (PR      | OPOSED CO | RPORATE NAME | - MUST INCLUDE | SUFFIX |
|          |          |           |              |                |        |

| Enclosed are an orig | inal and one (1) copy of the ar              | ticles of incorporation and                        | d a check for:   |
|----------------------|--|--|--|
| \$70.00 Filing Fee   | ■ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED |

| M: Priscilla A. Carswell  |  |
|---|--|
| Name (Printed or typed)   |  |
| 4862 NW 8th Street  |  |
| Address   |  |
| Plantation, FL 33317  |  |
| City, State & Zip   |  |
| (954) 581-5844  |  |
| Daytime Telephone number  |  |
| fabuloustouchcleaning@yahoo.com  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)

| <b>F</b>                               |   | FILED Cleaning Services, Information of STA          |
|--|---|--|
| RTICLE II P                            | RINCIPAL OFFICE Principal street address  | Mailing address, if different is: PM 3: 5            |
| 862 NW 8t                              | -   |  |
| lantation, l                           | FL 33317  |  |
|  | TRPOSE the the corporation is organized is: to renormal properties.   | ler cleaning services to residential                 |
|  |   |  |
| W                                      | · · · · · · · · · · · · · · · · · · ·   |  |
|  |   |  |
| R <i>TICLE IV</i> S                    | HARES 400   |  |
| RTICLE IV Some number of shares        | HARES of stock is: 100  | · .  |
| RTICLE V I                             | NITIAL OFFICERS AND/OR DIRECTO  | <del></del>  |
| RTICLE V I                             |   | <del></del>  |
| RTICLE V I                             | NITIAL OFFICERS AND/OR DIRECTO  | <del></del>  |
| RTICLE V I                             | <u>vitial officers and/or directo</u><br><sub>itle:</sub> Priscilla A. Carswell, Pre  | Name and Title:                                      |
| Name and 1 Address                     | Priscilla A. Carswell, Presented 4862 NW 8th Street Plantation, FL 33317  | Name and Title: Address:                             |
| Name and T  Address  Name and T        | Priscilla A. Carswell, Presente:  Plantation, FL 33317  Priscilla A. Carswell, Sector   | Name and Title:  Address:  Name and Title:           |
| Name and 1 Address                     | Priscilla A. Carswell, Presented 4862 NW 8th Street Plantation, FL 33317  | Name and Title: Address:                             |
| Name and T  Address  Name and T        | Priscilla A. Carswell, Presentation, FL 33317  Priscilla A. Carswell, Presentation, FL 33317  Priscilla A. Carswell, Section 14862 NW 8th Street                                    | Name and Title:  Address:  Name and Title:           |
| Name and T Address  Name and T Address | Priscilla A. Carswell, Presentation, FL 33317  Priscilla A. Carswell, Sector of the Plantation, FL 33317  Priscilla A. Carswell, Sector of the Plantation, FL 33317                 | Name and Title:  Address:  Name and Title:           |
| Name and T Address  Name and T Address | Priscilla A. Carswell, Presente: Priscilla A. Carswell, Presente: Plantation, FL 33317  Priscilla A. Carswell, Sector 1862 NW 8th Street Plantation, FL 33317  Plantation, FL 33317 | Name and Title:  Address:  Name and Title:  Address: |

| Name and                        | Title:  | Name and Title:   |
|---------------------------------|---|---|
| Address                         |   | Address:  |
|                                 |   |   |
|                                 |   |   |
| ARTICLE VI                      | REGISTERED AGENT  |   |
| The name and Fl                 | orida street address (P.O. Box NOT acceptable) o  | f the registered agent is:  |
| Name:                           | Phillis M. Davis  |   |
| Address:                        | 18000 NW 16th Street  | _   |
|                                 | Pembroke Pines, FL 33029  | _   |
| ARTICLE VII                     | <u>INCORPORATOR</u>   |   |
| The name and ad                 | dress of the Incorporator is:   |   |
| Name:                           | Priscilla A. Carswell   |   |
| Address:                        | 4862 NW 8th Street  |   |
|                                 | Plantation, FL 33317  | _   |
|                                 | ned as registered agent to accept service of procession familiar with and accept the appointment as reg   | for the above stated corporation at the place designated in istered agent and agree to act in this capacity  10/15/2012 |
| - 1 march                       | Required Signature/Registered Agent   | Date  |
| I submit this document to the l | ument and affirm that the facts stated herein are<br>Department of State constitutes a third degree felon | true. I am aware that the false information submitted in a provided for in s.817.155, F.S.                              |
| Spil                            | Required Signature/Incorporator   | 10/15/2012<br>Date  |
| y                               | Required Signment/Incorporator  | Date  |

SECRETARY OF STATE ORPORATIONS

13 OCT 21 PM 3: 50