

COVER LETTER

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

SUBJECT: Specialized Cleaning Services Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: Cory Blake

Name (Printed or typed)

6180 Medici Ct, Apt 205

Address

Sarasota, FL 34243

City, State & Zip

813-684-1367

Daytime Telephone number

Blake.Cory.123@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)

ARTICLE I NAME

The name of the corporation shall be: Specialized Cleaning Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6180 Medici Ct, Apt 205

Sarasota, Fl 34243

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cory Blake, President Name and Title: _____

Address: 6180 Medici Ct, Apt 205 Address: _____

Sarasota, Fl 34243 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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14 MAY -8 AM 9:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(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: Cory Blake
 Address: 6180 Medici Ct, Apt 205
Sarasota, FL 34243

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cory Blake
 Address: 6180 Medici Ct, Apt 205
Sarasota, FL 34243

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

5-2-2014

 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

5-2-2014

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

14 MAY -8 AM 9:54

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