P150000/4357

(Requestor's Name)				
(Address)				
. (Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

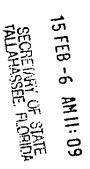
Office Use Only



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FILING CANCELLED RETURNED CHECK

02/06/15--01029--007 **87.50





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COVER LETTER

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

SUBJECT: Butter UPScale	Cleaning Service Inc
(PROPOSED CORPORAT	E NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
į	ADDITIONAL COPY REQUIRED
FROM: Carlton Bulter	(Printed or typed)
TOD Executive T	ddress
West Palm Boach	FL 33401
561-352	

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

E-mail address: (to be used for future annual report notification)

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

ARTICLE I	NAME orporation shall be: Bulter Upscc	le. Clemin s	Service Too	
	•	ito cicuing :	ocivice INC	
ARTICLE II	Principal street address	Mailing	address, if different is:	
700 Exec	Lative Center Drive		, •••••	
West Kim	Beach FL 33401			
	·			
ARTICLE III	PURPOSE which the corporation is organized is: 10	do All lock	12	
i ne purpose for w	which the corporation is organized is:	JO 7120 14-014	DUMENS.	
				_
				_
				-
				-
				-
				_
ARTICLE IV The number of sha	SHARES res of stock is: 100 Shores.		⊼ <u>c</u> 5	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTOR	DC	FEB ECRE	
			4889 -6	₽₽
Name and	d Title: <u>Carlton Bulter Ja. P5-7</u>		THE TANK	
Address	700 Executive Center Drue.	_ Address:	~~ ~~	
	West Pelm Beach FC 7340	<u></u>	#GR #GR #GR	
				
Name and	Title:	Name and Title:		
Address		_ Address:		
Name and	Title:	Name and Title:		
Address		_ Address:		

FILING CANCELLED RETURNED CHECK



(conti.

15 FEB -6 AM II: 09

Name and	f Title:	Name and Title:_	SECRETARY OF STATE
Address		Address: _	TALL MARKOCKE, 120 Page
		-	
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered ager	nt is:
Name:	Michael Hwest		
Address:	121 S. Oronje Ave.	-	
	Orlado FC 32rol	-	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Micheel Huest		
Address:	14 s. orange Ave Orlando FC 32801	-	
	Orlando FC 32801	-	
Having been nam this certificate, I a	ned as registered agent to accept service of process am familiar with/and accept the appointment as reg	for the above stat istered agent and i	ed corporation at the place designated in agree to act in this capacity
·			2/3/15
I submit this document to the I	Required Signature/Registered Agent ument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware	Date ' that the false information submitted in a
	Syparining of State Foundations a inflating the Jeton	, ma promucu jor u	2/3 /15
	Required Signature/Incorporator		Date