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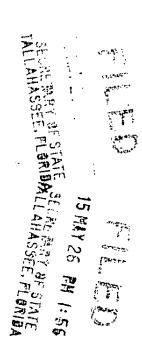
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COVER LETTER

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

SUBJECT:	AAA Quality Cleaning Service, Inc		
	(PROPOSED CORPO	RATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an o	original and one (1) copy of the a	articles of incorporation and	d a check for:
■ \$70.00 Filing Fe	·	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Mildred Nales	me (Printed or typed)	
_	12165 SW 50 Street		
		Address	

Cooper City, FL 33330

AAAqualitycleaningsvc@gmail.com

954-505-0520

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

City, State & Zip

Daytime Telephone number

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

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

ARTICLE I NAME The name of the corporation	on shall be:	Cleaning Service, In	c		
	PAL OFFICE Principal street address		Mailing address, if different is:		
12165 SW 50 Street			P.O. Box 266136		
Cooper City, FL 33330			Fort Lauderdale, FL 33326		
ARTICLE III PURPOS The purpose for which the and commercial business	e corporation is organized is:	To provide cleaning	ng services to both resident	dential homes	
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				<u> </u>	- Sandara - I
	and the same below the transfer of the same state of the same stat				Fred Con
					7. 6. 4.0
ARTICLE V INITIAL Name and Title: Address	Mildred Nales, President 12165 SW 50 Street		e and Title:	· · · · · · · · · · · · · · · · · · ·	
	Cooper City, FL 33330				
Name and Title:_		Name	e and Title:		
Address		Addr	ess:		
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Address _			ess:		

Name an	nd Title:	Name and Title:	
Address	· · · · · · · · · · · · · · · · · · ·	Address:	
ARTICLE VI	REGISTERED AGENT		
The name and F	lorida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Mildred Nales		
Address:	12165 SW 50 Street		
	Cooper City, FL 33330		
ARTICI F VII	INCORPORATOR		
	ddress of the Incorporator is:		
The <u>mane and a</u>			
Name:	Mildred Nales		
Address:	12165 SW 50 Street		
	Cooper City, FL 33330		
ADTICLE VIII	DESCRIVE DATE.		
	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL)	
(If an effective of days after the fi	late is listed, the date must be specific an	d cannot be more than five business days prior or 90	business
	e inserted in this block does not meet the ap effective date on the Department of State's r	plicable statutory filing requirements, this date will not becords.	e listed as
		f process for the above stated corporation at the place do nt as registered agent and agree to act in this capacity	zsignated in
	Mus	05-19-1	5
	Required Signature/Registered Ag	ent (3-19-1)	
I submit this do	cument and affirm that the facts stated he	rein are true. I am aware that the false information sul	hmittad in a
		reen are true. I am aware mai ine juise injormation sui ree felony as provided for in s.817.155, F.S.	muucu m u
	(,,,)		
			15
Regu	ired Stonetme/Incorporator	Date	