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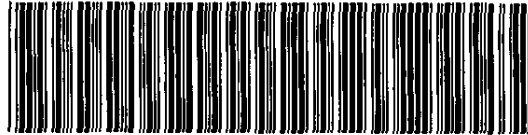
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~~W15-64206~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 2015

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COVER LETTER

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

SUBJECT: EXCELSIOR 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: ANA R. SILVA
Name (Printed or typed)

108 DON BISHOP RD. UNIT 19-4
Address

SANTA ROSA BEACH, FL 32459-3489
City, State & Zip

(321) 279-3344
Daytime Telephone number

ROSSI-71-SILVA@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2015

ANA R. SILVA
108 DON BISHOP RD., UNIT 19-4
SANTA ROSA BEACH, FL 32459-3489

SUBJECT: EXCELSIOR CLEANING SERVICES, INC.
Ref. Number: W15000064206

We have received your document for EXCELSIOR CLEANING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 115A00020329

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: EXCELSIOR CLEANING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
108 DON BISHOP RD UNIT 19-4
SANTA ROSA BEACH, FL 32459

Mailing address, if different is:
SAME AS PRINCIPAL

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DOING ALL TYPES OF LEGAL BUSINESS
AND PROFESSIONAL CORPORATION.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANA R SILVA, PRESIDENT

Name and Title: _____

Address 108 DON BISHOP RD UNIT 19-4

Address: _____

SANTA ROSA BEACH, FL 32459

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ANA R SILVA

Address: 108 DON BISHOP RD UNIT 19-4

SANTA ROSA BEACH, FL 32459

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANA R SILVA

Address: 108 DON BISHOP RD UNIT 19-4

SANTA ROSA BEACH, FL 32459

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

X Ana R. Silva
Required Signature/Registered Agent

10/19/2015
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.

X Ana R. Silva
Required Signature/Incorporator

10/19/2015
Date