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## **COVER LETTER**

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

SUBJECT. BE	XPILESS CUE	HIJG STATE NAME - MUST INCLI	JDE SUFFIX)	) Rá
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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  PY REQUIRED	
FROM:		ne (Printed or typed)  THMAZK TY  Address		
	TAUAHAS City 8505	SSF FL $\sqrt{State \& Zip}$	3-317	

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

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)

The name of the corporation	on shall be be in Press	CLEANING SSEVICE-
ARTICLE II PRINCI	PAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
43913	ENCHMARLITAGE	5
ARTICLE III PURPOS The purpose for which the	SE e corporation is organized is: TS FIZOM IS	PROLIZE CLEANING SINCS ENTITIES  PROPERTY OF COMPANY OF
	LOFFICERS AND/OR DIRECTORS BOWARD CSANDS	Name and Title: Old Co., Address:
	JAUAHASSÉ FU 32317	Name and Title:
Address	<del></del>	Address:
		Name and Title:

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT	,
The name and Florida street address (P.O. Box NOT accepta	
Name: Barbara C Sat.	
Address: 4301/50Cfm77	That I was
TAUAHASSOS	<u> 5</u> ナム 32517 S S語
	A SEC
ARTICLE VII INCORPORATOR	<b>60</b> 25 25 25 25 25 25 25 25 25 25 25 25 25
The name and address of the Incorporator is:	
Name:	WARD CISANDSIY
Address: 4301 15 ACHON	m-MacE
TAU-91+9552	E FC3317
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	12017 (OMPIONAL)
(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 app! the document's effective date on the Department of State's rec	icable statutory filing requirements, this date will not be listed as cords.
Having been named as registered agent to accent service of t	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
' > C1. ——	4126/17
Required Signature/Registered Age	nt Date
I submit this document and affirm that the facts stated here	in are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third degre	4/26 (17
Required Signature/Incorporator	Date