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(Requestor's Name)				
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone #	f)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name	2)		
(Do	cument Number)			
Certified Copies	_ Certificates o	f Status		
Special Instructions to Filing Officer:				
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Office Use Only



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SECRLIARY OF STATE FALL AHASSES, FLORIOR

JAN 1 7 2018 T SCHROEDER

COVER LETTER

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

SUBJECT: Domestication of Kleenup Restoration Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

OPTIONAL:

Certificate of Status

\$ 8.75

Sean h Adams CPA

Name (printed or typed)

150 SW Thornhill Dr

Address

Port Saint Lucie, FL 34984

City, State & Zip

(561) 290-1422

Daytime Telephone Number

sean@newbeginningscpa.com

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

CERTIFICATE OF DOMESTICATION

The undersigned, Michael Bryan		Michael Bryan	_. President		
		(Name)		(Title)	
of	K	(leenup Restoration Inc ∓13	-4579	a foreign corporation,	
in	accordance with	(Corporation Name) s. 607.1801, Florida Statutes, does her	reby certify:		
1.	The date on wh	The date on which corporation was first formed was July 27 , 2001 .			
2.	The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York				
3.	The name of the corporation immediately prior to the filing of this Certificate of Domestication was Kleenup Restoration Inc				
4.	The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Kleenup Restoration Inc				
5.	5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New York				
6.	Attached are Fl to s. 607,1801.	orida articles of incorporation to comp	plete the domesti	cation requirements pursuant	
Ia	_m Michael Br	yan _{, of} Kleenup Restorat	ion Inc		
		to sign this Certificate of Domestication ay of	on on behalf of th	he corporation and have done 2017	
(Authorized Signature)					
(Authorized Signature)					
		Filing Fee: Certificate of Domestication Articles of Incorporation and Certi Total to domesticate and file		\$ 50.00 SECRE JARY OF STATE STREET TO STATE STATE CORIDA \$ 78.75 \$128.75	

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

HE NAME OF THE CORPORATION SHALL BE:	
Kleenup Restoration Inc	
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address
333 Falkenburg Road, Suite A130	1010 Axlewood Cir
Tampa, Florida 33619	Brandon, FL 33511
ARTICLE III PURPOSE	
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZ	ED:
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ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name	Title/Name
President - Michael Bryan	
1010 Axlewood Cir	
Brandon, Florida 33511	
Title/Name	Title/Name
VP - Gary Hyde	
1010 Axlewood Cir	
Brandon, Florida 33511	
Title/Name	Title/Name
Secretary - Natalie Bryan	
1010 Axlewood Cir	
Brandon, Florida 33511	AA.
	ECKE LAHA
Title/Name	Title/Name SSA 6 F
	STATE SCHOOL STATE

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPT	TABLE) OF THE REGISTERED AGENT IS:
Michael Bryan	
1010 Axlewood Cir	
Brandon, Florida 33511	
ARTICLE VII INCORPORATOR THE NAME AND ADDRESS OF THE INCORPORATOR IS:	
Michael Bryan	
1010 Axlewood Cir	
Brandon, Florida 33511	
**************************************	**************************************
STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CA	•
M. Boyan	12/4/2017
Signature/Registered Agent	Date
M. Bigan	12/4/2017
Signature/Incorporator (Date

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

