Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000191784 3)))



H180001917843ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:				
	Division of Corporations			
	Fax Number : (850)617-6381			
From:				
	Account Name : LAZARUS CORPORATE FILING SERVICE, INC.			
	Account Number : 120000000019			
	Phone : (305)552-5973	***		
	Fax Number : (305)675-5944		8	
	•			
			\subseteq	
**Ent	er the email address for this business entity to be used for futur	rē.		
	annual report mailings. Enter only one email address please. **		63	
	·		_	
	Email Address:		-73	
			٠.ڪر	
		-	جيــــ	
	The state of the s	,		

FLORIDA PROFIT/NON PROFIT CORPORATION KC INDUSTRIES SERVICE CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

1801 NW 1 ST	CIPAL OFFICE Principal street address	Mailing add	dress, if different is:
MIAM! FLA 33125			
Maintains the facilities and orderly condition described in CLEAN can be designated as	the corporation is organized is: maintenant the corporation is organized is: s of the office building, apartment building; clean and polishes the lighting fixture. ER(any industry) you can transport smaccording to the duties performes as HAL (any industry)metal polisher(any industry)	es,marble surfaces and models surfaces and models between L CLEANER (HOTEL&RES	institutional building in clear ding,adnperforms task en departments;you
ARTICLE IV SHAR The number of shares of ARTICLE V INITI Name and Tit Address	f stock is:	Name and Title: Address:	18 JUN 29 FH 12: 25
Name and Titl Address		Name and Title: Address:	
Name and Titl	e:	Name and Title:	

Name and Title:		Name and Title:	Name and Title:		
Addre		Address;			
ARTICLE VI The pame and	REGISTERED AGENT Florida street address (P.O. Box NOT acc				
Name:	ROSA A MARTINEZ	eputote) of the registered agent is:			
Address:	1801 NW 1 ST				
	MIAMI FL 33126		16 J		
ARTICLE YII	INCORPORATOR		JUN 29		
The name and	address of the Incorporator is:		78 T		
Name:	ROSA A MARTINEZ		, KS		
Address:	1800 NW 1 ST		₩		
	MIAMI FL 33125				
Effective date, it	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific as	(ጠንማለ እና ልን	L) prior or 90 days after the		
Note: If the date the document's e	e inserted in this block does not meet the ap effective date on the Department of State's	oplicable statutory filing requirement records.	ts, this date will not be listed as		
Having been nathitis certificate, I	med as registered agent to accept service of am familiar with and accept the appointment	f process for the above stated corpo int as registered agent and agree to	pration at the place designated in act in this capacity		
Ros	a A Martinez				
	Required Signature/Registered A	gent	Date		
I submit this doc document to the	cument and affirm that the facts stated he Department of State constitutes a third deg	rein are true. I am aware that the j ree felony as provided for in s.817.1	false information submitted in a 55, F.S.		
, Rosa	A Mayline2 ired Signature/Incorporator				
Requi	ired Signature/Incorporator		Date		