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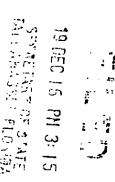
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COVER LETTER

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

SUBJECT:	MalleANLUT	Inc.		
SUBJECT: Ma CLEAN CUT Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	l a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee,	
		ADDITIONAL CO	Status PY REQUIRED	
FROM:	Matthew P Name	Machea (Printed or typed)	<u></u>	
	10 Cax Rd	ddress		
	St. Augustini Bah. City, S	F-L. 37080 State & Zip	· · · · · · · · · · · · · · · · · · ·	
	904 - 501 - 7- Daytime Te	7 8 9 elephone number	· · · · · · · · · · · · · · · · · · ·	
	Frac 96 (0 V E-mail address: (to be used	for future annual report n	notification)	

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

ARTICLES OF INCORPORATION

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

		UT Inc	
rticle ii Prind	CIPAL OFFICE Principal street address	M	failing address, if different is:
-	gustine Boh.		
	32080		
RTICLE III PURP	OSE the corporation is organized is: Compared to the corporation is organized is:	County F	tion and land so
······································			·
	stock is: 2,000		
	AL OFFICERS AND/OR DIRECTORS	Cen Name and Title:	
Name and Titl	e: Muther Madeun Presi	Address: _	
Name and Titl	al OFFICERS AND/OR DIRECTORS. c: Matthew Madeur Presi	Address:	
Name and Titl Address	al OFFICERS AND/OR DIRECTORS, c: Mutthew Madeur Presi 10 Cax Rd. St. Augustine Rlu	Address:	
Name and Titl Address	11 OFFICERS AND/OR DIRECTORS, C: Matthew Madeun Presi 10 Cax Rd. St. Augustine Rh. Florida 3208	Address:	
Name and Title	al OFFICERS AND/OR DIRECTORS. Muthan Madeun Presi 10 Cax Rd. St. Augustine Rh. Florida 3208 After Williams Treasur 82 Andora Dr.	Address:	
Name and Title	al OFFICERS AND/OR DIRECTORS Muther Madeun Presi 10 Cax Rd St. Augustine Blu Florida 3208 After Williams Treasure	Address:	
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS, Muther Madeur Press 10 Cax Rd. St. Augustine Blu Florida 3208 After Williams Treasur 82 Andora Dr. 54 Augustine FL. 3208C.	Address: Name and Title: Address:	
Name and Title Address Name and Title Address	11 OFFICERS AND/OR DIRECTORS, C: Muther Madeur Press 10 Cax Rd. St. Augustine Blu Florida 3208 After Williams Treasur 82 Andora Dr. 54 Augustine FL. 32086	Address: Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address Name and Title	AL OFFICERS AND/OR DIRECTORS, Muther Madeur Press 10 Cax Rd. St. Augustine Blu Florida 3208 After Williams Treasur 82 Andora Dr. 54 Augustine FL. 3208C.	Address: Name and Title: Address: Name and Title:	

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI RI	EGISTERED AGENT		
The name and Flor	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Matthew P. Machean		
Address:	10 Oak RO		•
	St. Augustine Run, FL 370	<u>&</u> O	
ARTICLE VII 11	NCORPORATOR		
The name and add	ress of the Incorporator is:		
Name:	Macheancut Inc.	<u>.</u>	
Address:	10 Cax RO		
	St Augustine Ad., 176.3	<u> </u>	
/ ARTICLE VIII E Effective date, if of	her than the date of filing: $1-\lambda-2$	CC(OPTIONAL)	
(If an effective dat filing.)	te is listed, the date must be specific and cam	not be more than five days pri	ior or 90 days after the
Note: If the date in the document's effe	serted in this block does not meet the applicable ctive date on the Department of State's records	le statutory filing requirements,	this date will not be listed as
Having been name this certificate, I an	d as registered agent to accept service of proce a familiar with and accept the appointment as r	ss for the above stated corpora egistered agent and agree to ac	tion at the place designated in t in this capacity
Mate	Required Signature Registered Agent		12 -10 -19
	ment and affirm that the facts stated herein ar	•	Dac
document to the De	partment of State constitutes a third degree felo	ony as provided for in s.817.155	i, F.S.
Ma Require	Atta. P Mac Sca de Signature/Incorporator		12-/C~/9 Date