

P21000017587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

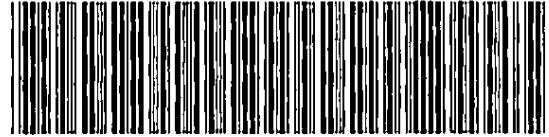
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 FEB 25 PM 12:26

2021 FEB 25 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 2/25/2021

PRIORITY Routine

OUR REF. # (Order ID#) 894966

ORDER ENTITY

CLEAN FRANCHISE BRANDS, INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

CLEAN FRANCHISE BRANDS, INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: kdubois@lapeldrycleaning.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

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ARTICLE I NAME

The name of the corporation shall be: Clean Franchise Brands, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1228 E 7th Avenue
Tampa, Florida 33605

SECRETARY OF STATE
Mailing address, if different: TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kevin Dubois, Director, Chief Executive Officer,
President, Treasurer, and Secretary

Name and Title: _____

Address _____

Address: _____

1228 E 7th Avenue

Tampa, Florida 33605

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, Florida 33324

ARTICLE VII INCORPORATOR

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

Name: Matthew H. Stabler
Address: 4101 Lake Boone Trail, Suite 300
Raleigh, North Carolina 27607

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TALLAHASSEE, FL

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 days prior or 90 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

Jessica Hale Jessica Hale, Asst. Secretary 2/24/2021
Required Signature/Registered Agent 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.

M. St 2/24/2021
Required Signature/Incorporator Date