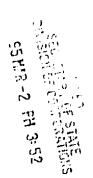
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TRANSMITTAL LETTER

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



SUBJECT: X/AT	10Nu/10E	JANI TOL	Me Coff

		y of the articles of	incorporation and a check
[_] \$70.00 Filing Faa	\$78.75 Filing Fee & Certificate	Filing Fee & Cartified Copy	X \$131.25 Filing Fee, Certified Copy & Certificate
FROM:	<u> </u>	rinted or consul	
	7044	<u> </u>	LSBOPOUGH AUG
	TAP City	IPA JC State & Zip	33634
	Daytime T	elephone number	<u> 3868</u>

PON 3-3

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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION 95 MAR -2 PH 3:52

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: NATION WIDE TANITURIAL (OKP

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

TAMPA TE 33634

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KIMIN LEE 7044 W. HILLSBERCUGH AUG-TAMPO TO 33634

ARTICLE V INCORPORATORIS

			se Articles of Incorpore-
Prosident: K	IMIN LEE	· 7044 W	HILLE BORE HER / ALT-
	TAI	MPAFE 376	2, L) 6/1005 BOROWH 1166- 33634
Vice provided: YU,	N 500 SHIN	· 7084 4	, Glices BOROWAN AUG
·	TAI	MA Te	33637
	•	<i>(</i>	
The undersigned inco	orporator(s) has(have) o	executed these Artic	es of Incorporation this
	_day of	<u>B, 19_9</u>	<u> </u>
	//	1	
	mach	-1	

Articles of Incorporation Filing Fee - \$35

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is: NATIONWIDE JANITURIAL CORP
2.	The name and address of the registered agent and office is:

(Name)

TO 4-4 (1), 1-1/LLS BOROUGH AUE

(P.O. Box not acceptable)

THAIP A TC 3363 L

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Signature) (Date)