P96000008667

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

SUBJECT:	LYNN'S CLASSITC CLEAN, INC.						
(Proposed corporate name - must include suffix)							
Enclosed is an o	riginal and one(1) copy of the artic	cles of incorporation and a	check for :			
S70.0 Filing Fe	e F	3 \$78.75 iling Fee : Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
			ADDITIONAL CO	PY REQUIRED			
FROM:	<u></u>	na A. Cla	F/j へ) ed or typed)				
357 Vestringe I ANE							
PORT St. Lucic, FLORION 31952							
		56/-33 Daytime Telepi	37-4617 hone number	-ED PH 2:43	た フ		

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

ARTICLES OF INCORPORATION

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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:

Lynn's Classic Clean, INC.

ARTICLE II PRINCIPAL OFFICE

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

POBOX 7681 POT St. Lucie, FL 34985

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:

Lyon A.C. AFlind
1357 restrioge LANE
Potst. Lucie, FL
31952

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

The undersigned incorporator(s) has(have) executed these Articles of Inco	orporation this
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10th day of October, 1996.

(An additional article must be added if an effective date is requested.)

Lyma. Claffin Bignature
Signature

Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	Tre.
2.	The name and address of the registered agent and office is:	\$6.00T
	Lynn A.C. [AFIN]	5 17
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	田 22 年
	POCTST-CINCIL FL34952	

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.

Parma Cladini 10/10/94 (DATE)