P. O. Box 6327

RECEIVED 97 JAN 31 AM 8: 54 . DIVISION OF CORPORATION Department of State **Division of Corporations** Tallahassee, FL 32314 VALET\_\_\_ SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$70.00 \$78.75 **\$122.50 □ \$**131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED Kevin GLEASON Name (Printed or typed) 4949 MARBRISA FL 33624 City, State & Zip

813, 404. 5588 Daytime Telephone number

will worth

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

## ARTICLES OF INCORPORATION

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

The name of the corporation shall be:

VALET TRASH SERVICE, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4949 MARBRISA Dr #104

TAMPA, FL 33624

MAILING ADDRESS

POBOX 271311

TAMPA, FL 33688-1311

ARTICLE III **SHARES** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100,000

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KEVINI GLEASON

4949 MARBRISA Dr. #104

TAMPA, FL 33624

## 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):

KEVINI GLEASON 4949 MARBRISA Dr #104 TAMPA, FL 33624

The und	dersigned i	ncorporator(s) has(	have) executed these Articles of Incorporation this
31	_ day of _	JANUARY	<u>, 19 9 7</u> .
(An add	itional arti	cle must be added i	f an effective date is requested.)
		Kun	Aller
	•	7	Signature
	•		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	on is: VALET TRASH SERV	ICE, INC.		
		9 1		
2. The name and address of the registered agent and office is:				
K	LEVIN GLEASON	至 25		
//00	(NAME)	, 9: 06 19: 06		
<u> </u>	9 MARBRISA Dr #104 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)			
TA	MPA FL 33624			
	(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.

Jun 20/31/97
(SIGNATURE) (DATE)