FILED

Department of State **Division of Corporations** P. O. Box 6327

97 SEP -2 AN 10: 19 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Tallahassee, FL 32314				
SUBJECT: B	OZE DRAIN CLE (Proposed c	HNING SPECI orporate name - must includ	CALISTS , IN e suffix)	<u>vc</u> .
		•	900002287 -03/02/97 ****122.50	29395 -01150015) ****122.50
Enclosed is an original a	nd one(1) copy of the article	s of incorporation and a	check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy		
		ADDITIONAL COPY REQUIRED		
FROM: BOZE DRAIN CLEANING SPECIALISTS, INC. Name (Printed or typed)				
2020 PRINCE TON AUEAddress				
City, State & Zip				
S/3 736 4383 Daytime Telephone number				

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

e Hall

ARTICLES OF INCORPORATION

FILED

SEP -2 MID: 19 The undersigned incorporator, for the purpose of forming a corporation under the Florida 97 Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

BOZE BRAIN CLEHNING SPECIALISTS, INC.

ARTICLE II PRINCIPAL OFFICE

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

2020 PRINCETON AVE DUNEDIN FL 34698

ARTICLE III SHARES

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

NO PAR VALUE

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

LISA D BOZE 2020 PRINCETON AVE DUNEOIN FL 34698

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

2020 PRINCETON AVE BUNEDIN FL 34698

Signature/Incorporator

8/29/97 Date

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

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/Registered Agent

8/29/97 Date