

HAZARD CORPORA TE INDUSTRIES, INC
 Registered Name
 890 ...
 Address
 MIAMI, FLORIDA 33174 (305) 552-5973
 City/State/Zip Phone #

LOCAL REPRESENTATIVE TALLAHASSEE

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ALL-KLEEN OF SOUTH FLORIDA, INC.
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of State

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
 97 SEP -9 AM 11:04
 DIVISION OF CORPORATION
 000002288286--8
 09/09/97--01042--019
 ****122.50 ****122.50

9/9

Examiner's Initials	
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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 NAME

The name of the corporation shall be:

ALL-KLEEN OF SOUTH FLORIDA, INC.

ARTICLE II PRINCIPAL OFFICE

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

POST OFFICE BOX 1467

MIAMI FLORIDA 33116

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARGARET M. BRALICH
15400 GULF BOULEVARD #704
MADEIRA BEACH FLORIDA 33708

FILED
97 SEP -9 PM 12:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

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

DONALD F. DOIRON, PRESIDENT
12213 S.W. 102ND TERRACE
MIAMI, FL 33186

MARGARET M. BRALICH, SECRETARY/TREASURER
15400 GULF BOULEVARD #704
MADEIRA BEACH, FLORIDA 33708

NICHOLAS J. BRALICH,
ADDRESS SAME 15400 GULF BLVD #704
MADEIRA BEACH FL.
33708

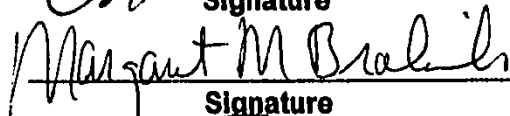
ARTICLE VI DIRECTOR(S)

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

DONALD F. DOIRON 12213 SW 102ND TERRACE, MIAMI, FL 33186
MARGARET M. BRALICH 15400 GULF BLVD #704, MADEIRA BEACH FL 33708
NICHOLAS J. BRALICH 15400 GULF BLVD #704, MADEIRA BEACH FL 33708

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 8th day of SEPT, 1997.


Signature


Signature


Signature

Articles of Incorporation
Filing Fee - \$35

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 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: ALL-KLEEN OF SOUTH FLORIDA, INC.
2. The name and address of the registered agent and office is:
MARGARET M. BRALICH
(NAME)
15400 GULF BOULEVARD #704
(P.O. BOX NOT ACCEPTABLE)
MADEIRA BEACH, FL 33708
(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

Margaret M Bralich

DATE

8 Sept 1997

97 SEP 9 PM 12:12
FILED
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

REGISTERED AGENT FILING FEE: \$35.00