TRANSMITTALLETTER Department of State TRANSMITTALLETTER TRANSMITTALLETTER TRANSMITTALLETTER Department of State

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

SUBJECT: PAI	RCLAY CLEANERS, INC			
	(Proposed corpor	rate name - must include su	ffix)	
		4(00002428 -02/11/980 *****78.75	0444 1032004 *****78.75
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a	check for :	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	\$131.25 Filing Fee, Certified Copy & Certificate	
FROM:	EMAD MOSAAD			
		inted or typed)		
_	13819 WALSINGHAM RD. Address LARGO, FL 33774 City, State & Zip (813) 926-0310			FILED 98 FEB II ANIO: 18
		elephone number		

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

PARCLAY CLEANERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

13819 WALSINGHAM RD. LARGO, FL 33774

ARTICLE III SHARES

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

400 SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

EMAD MOSAAD 13819 WALSINGHAM RD. LARGO, FL 33774

ARTICLE V INCORPORATOR

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

EMAD MOSAAD 13819 WALSINGHAM RD. LARGO, FL 33774

Signature/Incorporator

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

Date