304 So. Oran Orlando Flo. S City/State/Zip	tor's Name RECEIVED Address RECEIVED Address RECEIVED Address RECEIVED RECEIVE	SECRETARY OF STATE TE TALLAHASSEE, FLORIDA Office Use Only
COR ORATION NAM	ME(S) & DOCUMENT NUMBE	K(S), (if known):
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2(Corporatio	Normal Name	
3.	on Name) (Docume	ent#)
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Mail out NEW FILINGS Profit NonProfit	AMENDMENTS Amendment Resignation of R.A., Officer/ Director	Certificate of Status 5000024980356 -04/23/9801074001
Mail out NEW FILINGS Profit NonProfit Limited Liability	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent	Certificate of Status 5000024980356 -04/23/9801074001
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	Certificate of Status 5000024980356 -04/23/9801074001
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal	Certificate of Status 500002498035
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/	Certificate of Status 500002498035
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	Certificate of Status 5000024980356 -04/23/9801074001 *****140.00 ******70.00
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign	Certificate of Status 5000024980356 -04/23/9801074001
Mail out NEW FILINGS Profit NonProfit Limited Liability Domestication Other OTHER FILINGS Annual Report Fictitious Name	AMENDMENTS Amendment Resignation of R.A., Officer/ Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/ QUALIFICATION Foreign Limited Partnership	Certificate of Status 5000024980356 -04/23/9801074001 *****140.00 ******70.00
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Examiner's Initials

April 22, 1998

DEPARTMENT OF CORPORATIONS P.O. BOX 6237 TALLAHASSEE, FL 32310

Dear Sir / Madam:

Attached And Enclosed Are Articles Of Incorporations For J & J JANITORIAL SERVICE OF ORLANDO, INC. Also Enclosed Is The Filing Fee And Two Copies. Please Execute These Documents And Return A Copy To Me. The Registered Agent And The Address Of Registered Office Is JEAN CLAUDE SINEUS Whom Address Is 2918 TRADEWINDS TRAIL, ORLANDO, FL ZIP CODE NUMBER 32805.

TEAN CLAUDE SINEUS

ARTICLES OF INCORPORATION

FILED

FOR

98 APR 23 PH 2: 04

SECRETARY OF STATE

J&J JANITORIAL SERVICE OF ORLANDO, INC.

ARTICLE ONE

THE NAME OF THE CORPORATION IS J & J JANITORIAL SERVICE OF ORLANDO, INC.

ARTICLE TWO

THE PERIOD, TERM AND DURATION IS PERPETUAL.

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SCALE JANITORIAL SERVICE, WHEREIN WE WILL SPECIALIZE IN THE CLEANING OF RESTAURANTS OF ALL KIND. THE BUSINESS WILL TRANSACT ALL OF ITS' BUSINESS UNDER THE NAME OF J & J JANITORIAL SERVICE OF ORLANDO, INC. ALSO, IF GRANTED CORPORATE STATUS THE BUSINESS WILL CONDUCT ANY OTHER SIMILAR BUSINESS OR BUSINESSES AS THE BUSINESS MAY SEE FIT FROM TIME TO TIME AS PROVIDED FOR BY STATURE.

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH J & J JANITORIAL SERVICE OF ORLANDO, INC. SHALL HAVE THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES. EACH SHARE SHALL HAVE A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS' BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS' INITIAL REGISTERED OFFICE IS 2918 TRADEWINDS TRAIL, ORLANDO, FL ZIP CODE NUMBER 32805. THE NAME OF THE INITIAL REGISTERED AGENT IS Jean C Sineus , WHOSE ADDRESS IS 2918 TRADEWINDS TRAIL, ORLANDO, FLORIDA ZIP CODE NUMBER 32805. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE WHICH IS 2918 TRADEWINDS TRAIL, ORLANDO, FL ZIP CODE NUMBER 32805.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS IS ONE. THE NAME AND ADDRESS OF THE PERSON WHO WILL SERVE AS DIRECTOR IS AS FOLLOWS.

NAME

ADDRESS

JEAN CLAUDE SINEUS

2918 TRADEWINDS TRAIL ORLANDO, FLORIDA 32805

JULIA MAE SINEUS

2918 TRADEWINDS TRAIL ORLANDO, FLORIDA 32805

ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS

CARLTON THOMAS 304 SOUTH O.B.T. ORLANDO, FL 32805

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

CERTIFICATE OF DESTINATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF FLORIDA SUMMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

J & J JANITORIAL SERVICE OF ORLANDO, INC.		S. S.
THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS :		ECRETA
Jean Claude Sineus	<u></u>	23 RYO
(NAME) 2918 TRADEWINDS TRAIL (P.O. BOXES NOT ACCEPTABLE) ORLANDO, FL 32805 (CITY/STATE/ZIP)	. ****	PM 2: 04 FSTATE FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED 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 PROVISION OF ALL STATUES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY DESIGNATION AS REGISTERED AGENT.

Ocan Charl Sever

DATE