P9900002599

TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: TOP NOB NANITORIAL SERVICES INC.

I enclose an original and _____ copy(ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$ \(\frac{70.00}{0.00} \) \(\frac{10.00}{0.00} \).

	Debo Horas					
From:	DEBRA	MORAN	· · · · · · · · · · · · · · · · · · ·		800002733 -01/07/990 ******70.00	:7387)1090007 *****70.00
	Name 7295 112	74 St. N).			
	Address SEMINOLE	FI	337	772		
	City	State		Zip		
	(<u>727</u>) <u>394-23</u> Telephone Number	8 AFTER 11 727-391	13/9 8 - 8410	None		

99 JAN -7 AM 10: 15
SLCRETARY OF STATE
TALLAHASSEE, FLORIES

ARTICLES OF INCORPORATION

OF

Top Job JANITORIAL SERVICES INC.

ARTICLE I NAME

	The name of the corporation shall be:	
Top	JOB JANITORIAL SERVICES	INC.
7		
	DOTAGE OF THE PRINCIPAL OFFICE	
	ARTICLE II PRINCIPAL OFFICE	

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

7795 112	3 St.	\mathcal{U} .					
SEMINOLE	FI	337	72	I	7 SE	99	
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	ARTICLE III	CAPITAL	STOCK	č	⋽≓	<u>5</u>	

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

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:
DEBRA MORAN
7295 115Th S+ N.
SEMINOLE, F1 33772
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is:
DEBRA MORAN
7795 117Th St N.
SEMINOLE F1 33772
The undersigned has executed these Articles of Incorporation
this 4Th day of JANUARY 1999.
Dunna Debra Moran

CERTIFICATE OF DESIGNATION

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 is:		-	
Top Job JANITORIAL SERVICES INC 2. The name and address of the registered agent and		·	
2. The hame and address of the regression agent and			
office is: DEBRA MORAN			
7795 117Th S+ N.			
SEMINOLE, F1 33772	SECIT TALL	l 66	
Signature: Allywan	AHASSEE	99 JAN -7 A	TICO
Signature:RCUATUM	T) (0		E
Title: NCORPORATOR	Y OF STATE SEE, FLORIDA	0:15	
Date: JANUARY 4 1999			

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.

Date: ANNARY 4 1999