## DOCUMENT # P99000014388

DOCUM 1. Entity Name	#E-015-\$150.00-\$150.00 MENT # <b>P9900001</b> #CIAL PAY VACCUMS, INC. VACUUMS	. 4388	•		Apr 2 Secre	4, 2 etar	LED 000 8 y of \$ 235 015 ***	
Principal Place								
9510 N.W. 56TH STREET Miami FL 33166		8510 N.W. 56TH STREET MIAMI FL 33166-3329			_	<del></del>		
2. Principal Pla	ace of Business	3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #	, etc.	Suite, Apt. #, etc.						
City & State		City & State		<b>4.</b> F	El Number 65-0924075		Not.	lied For Applicable
Zip	Country	Zip	Country	5. 0	Certificate of Status Desired		\$8.75 Addit Fee Required	ional
	6. Name and Address of Current Re	gistered Agent	Nager	7. N	lame and Address of New R	egistered	Agent	
EEON	Name							
FERDIE, AINSLEE R 717 PONCE DE LEON BOULEVARD STE 215 CORAL GABLES FL 33134			Street Add	Street Address (P.O. Box Number is Not Acceptable)				
			City			_ FI	Zip Code	
8. The above	named entity submits this statement for the	ne purpose of changing its re	egistered office or re	gistered ag	ent, or both, in the State of Fk	orida.		
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable (NOTE: F	Registered Agent signature	required when re	ainstating)	DATE	· -	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!!  After MAY 1, 2000  Make Check Payable				0.00	10. Election Campaign Fit Trust Fund Contribution			May Be to Fees
11.	OFFICERS AND DI		12.	AC	DDITIONS/CHANGES TO OF	ICERS AN		IN 11 S
NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, JACK 8510 N.W. 56TH STREET MIAMI FL 33166	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition S
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILCHERS, JUAN 9957 S.W. 123TH TERRACE MIAMI FL 33176	□ Delste	THILE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition 5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10	Delete .	TITLE NAME STREET AODRESS CITY-ST-ZIP		- 1	# # <b>*</b>	☐ Change	Addition
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	certify that the information supplied with d on this report or supplemental report is or proration or the receiver or Irustee amount, or on an attachment with an address, we							
SIGNA	TURE: SIGNATURE AND DYPED OR PE	RINTED NAME OF SIGNING OFFICER	OR DIRECTOR	et_	1-12-2000 Date	· 3	Daylime Phone #	1990

FROM \*: 'ÇÖMMERCIAL

PHONE NO. : 3054772950

Jun. 25 1999 09:29AM P1

PO(0)000 AR

ARTICLES OF INCORPORATION

OF

COMMERCIAL PAY VACUUMS, INC.

P 99000014388 SUBMITTED FOR FILING

FEB + 5 1999

SEUKLTARY OF STATE TALLAHASSEE, FLORIDA

I, THE UNDERSIGNED subscriber of the Articles of the Articles of the anatural person competent to contract, hereby associate ourselves together for the purpose of forming a corporation under the laws of the State of Florida.

## ARTICLE ONE

The name of this corporation shall be COMMERCIAL PAY VACUUMS, INC.

## ARTICLE TWO

DURATION: The corporation shall commence corporate existence upon the filing of these Articles of Incorporation with the Secretary of the State of Florida, and continue in perpetual existence unless sooner dissolved as provided by law.

## ARTICLE THREE

The purpose of the corporation shall be to such extent as a corporation organized under the Florida corporate law of this state may now or hereafter lawfully do, to do, either as principal or agent and either alone or in connection with other corporations, firms, or individuals, all and everything necessary, suitable, convenient, or proper for, or in connection with, or incident to, the accomplishment of any of the purposes or the attainment of any one or more of the objects herein enumerated, or designed directly or indirectly to promote the interests of this Corporation or to enhance the value of its properties; and in general to do any and all things and exercise any and all powers, rights and privileges