

TRANSMITTAL LETTER

P990000278/4

FILED

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

99 MAR 26 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: CUSTOM CLEAN, INC.

(Proposed corporate name - must include suffix)

100002797891--4

-03/08/99--01113--014

\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Tiffany A. Welch  
Name (Printed or typed)

1596 Compass Court  
Address

Kissimmee, FL 34744  
City, State & Zip

(407) 932-9950  
Daytime Telephone number

*Tiffany Welch* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *is accrue of*  
*Custom Clean Inc choose*  
DATE *3/26/99*  
DOC. # *100002797891*

*WAG PH 3/26/99*

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



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 15, 1999

TIFFANY A. WELCH  
1596 COMPASS CT  
KISSIMMEE, FL 34744

SUBJECT: CUSTOM CLEAN, INC.  
Ref. Number: W99000005994

We have received your document for CUSTOM CLEAN, INC. and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 699A00011731

Tiffany Welch  
1596 Compass Ct.  
Kissimmee, FL 34744  
(407) 933-2516

March 23, 1999

Katherine Harris  
Florida Dept. of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Ref No. :W99000005994

Dear Sir/ Madam:

I am in receipt of your March 15, 1999 correspondence and would appreciate you continuing to process my application and Articles of Incorporation for CUSTOM CLEAN, INC.

Should you have any questions, please do not hesitate to contact me. Thank you.

Sincerely,



Tiffany A. Welch

## 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:

CUSTOM CLEAN, INC.

### ARTICLE II PRINCIPAL OFFICE

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

1596 Compass Court  
Kissimmee, FL 34744

### ARTICLE III SHARES

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

500

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Robert L. Welch  
1596 Compass Court  
Kissimmee, FL 34744

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Tiffany A. Welch  
1596 Compass Court  
Kissimmee, FL 34744

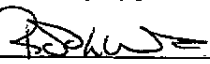
  
Signature/Incorporator

3/5/99

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

3-5-99

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA