## TRANSMITTAL LETTER

# XXXX43/56 Department of State

Division of Corporations

P. O. Boy 6327

P. O. Box 6327 Tallahassee, FL 3231	4			
SUBJECT: Hu	bert EVERHAR (Proposed corpor	T'S KLEEN rate name - must include suff	-ALL FNC,	
		60	0002869845 -05/10/9901128- *****87.50 ****	;——6 -009 ∗87.50
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
TTD 01/		Suith		-

Name (Printed or typed)

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:

HUBERT EVERHART'S KLEEN-ALL INC.

#### ARTICLE II PRINCIPAL OFFICE

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

5201 Poyner Oaks Rd. S. Polk City, Florida 33868

#### ARTICLE III SHARES

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

one hundred shares of stock valued at five dollars each for a total of five hundred dollars

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paul Edward Smith 5201 Poyner Oaks Rd. S.

### ARTICLE V INCORPORATOR

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

Paul Edward Smith 5201 Poyner Oaks Rd. S. Polk City, Fl. 33868

Signature/Incorporator

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(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/Régistered Agent

Date