# TRANSMITTAL LETTER

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

DIVISION OF	ILED RY OF STATE CORPORATIONS
99 JUN -8	CORPORATIONS PM 5: 50

SUBJECT: TRO	PILAL WINDOW C	LEANING TUC.	fix)
. ,		]	00028979 -06/08/9901 *****87.50
Enclosed is an origin	nal and one(1) copy of the artic	les 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  PPY REQUIRED
FROM	I: MICHAEL LAUREN	rinted or typed)	·
	13785 SAND CRI	AME DR. Address	
	PALM BEACH GAR City	COENS, FLORIDA , State & Zip	33418
	561-371-4179 Daytime 1	] Felephone number	

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:

TROPICAL HINDOW CLEANING INC.

### ARTICLE II PRINCIPAL OFFICE

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

13785 SAND CRANE Dr. PBG, FL. 33418

#### ARTICLE III SHARES

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

100 to MICHAEL LAURENZANO

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MICHAEL LAVRENZAND

13785 SAND CRANE Dr.

PB4, FL. 33418

ARTICLE V INCORPORATOR

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

MICHAEL LAURENZANO 13785 SAND CRANE Dr. PBG, FL. 33418

Signature/Incorporator

5/4/97

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

5/4/99

Date