TRANSMITTAL LETTER Department of State TRANSMITTAL LETTER Department of State

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

SUBJI	ECT:AM	I-KO Janitorial Servi	ces, Inc.	ix) - ·	<u> </u>
600002903156—8 -06/14/9901017010 ******87.50 ******87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for:					
ERCIOS	\$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	APFF
RECEVED	99 JUH 14 AM 9: 16 DEPARTMENT OF STATE TALLAHASSEE, FLORIDA W	Name (Page 10815 71 Street Seminole, FL 3377 City,	Address	ASSEE, FLORIDA	FROVED AM 9: 19

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: AM-KO Janitorial Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1280 West Bay Dr., Largo, FL 33770

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: Ten thousand (10,000) shares.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Name: Sang I Cho

Address: 10815 71 Street Ave. North

Seminole, FL 33772

ARTICLE V INCORPORATOR

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

Name; Sang I Cho

Address: 10815 71 Street Ave. North

Seminole, FL 33772

Signature/Incorporator

Date

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 provision of all statutes relating to the proper and

complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

mire/ Registered Agent

Date