

TRANSMITTAL LETTER

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

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-08/10/99--01060--004
****122.50 *****78.75

SUBJECT: CLEAN VIEW, INC.
(Proposed corporate name - must include suffix)

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

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DAVID LEE HAMER
Name (Printed or typed)

901 WIGGINS RD.

Address

ST CLOUD FL 34771

City, State & Zip

(407) 891-1176

Daytime Telephone number

FILED
99 AUG 10 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CLEAN VIEW, INC.

ARTICLE II PRINCIPAL OFFICE

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

901 WIGGINS RD
ST CLOUD FL 34771

MAILING ADDRESS :
P.O. BOX 702275
ST. CLOUD FL 34770-2275

ARTICLE III SHARES

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

10,000 SHARES OF \$1.00 PAR VALUE COMMON STOCK.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVID LEE HAMER.
901 WIGGINS RD.
ST. CLOUD, FL 34771

ARTICLE V INCORPORATOR

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

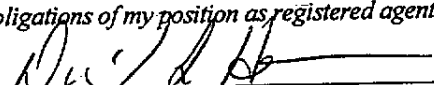
DAVID LEE HAMER, PRESIDENT. P.O BOX 702275, ST CLOUD FL 34770-2275
AGNES M. MILLER, VICE PRES. P.O. BOX 700991, ST CLOUD FL 34770-0991
MARY HAMER, SECRETARY/TREAS. P.O BOX 702275, ST CLOUD FL 34770-2275

✓ 
Signature/Incorporator


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


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA