

P99600/105540

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

400003059874--8  
-12/03/99--01051--009  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Office Cleaning Services, Inc.  
(Proposed corporate name - must include suffix)

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

<u>\$70.00</u> Filing Fee	<u>\$78.00</u> Filing Fee & Certificate of Status	<u>\$78.75</u> Filing Fee & Certified Copy  ADDITIONAL COPY	<u>XX\$87.50</u> Filing Fee, Certified Copy & Certificate of Status REQUIRED
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FROM: Kent Gonzalez  
Name (Printed or typed)

4811 NW 79 AVENUE, SUITE 5  
Address

MIAMI, FLORIDA 33166  
City, State & Zip

(305) 592-6559  
Daytime Telephone Number

FILED  
99 DEC -3 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-7  
WEC

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:

Office Cleaning Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

4805 NW 79 Avenue, Suite 9, Miami, Florida 33166

### ARTICLE III SHARES

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

One Hundred (100) 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:

Kent Gonzalez, 4805 NW 79 Avenue, Suite 9, Miami, Florida 33166

### ARTICLE V PURPOSE

It is the purpose of this corporation to engage in any activity or business permitted under the laws of the United States and of the State of Florida.

### ARTICLE VI INCORPORATOR

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

Kent Gonzalez, 4805 NW 79 Avenue, Suite 9, Miami, Florida 33166

  
\_\_\_\_\_  
Signature/Incorporator

12/01/99  
\_\_\_\_\_  
Date


(An additional article must be added if an effective date is requested.)

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TALLAHASSEE  
SECRETARY OF STATE

ARTICLE VII INDEMNIFICATION

The corporation shall indemnify any officer, incorporator, or director, or any former officer, incorporator, or director to the fullest extent permitted by law.

*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

12/01/99  
Date