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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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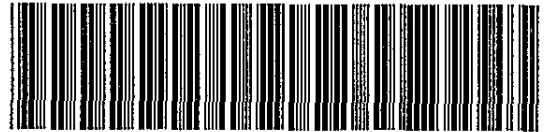
(Business Entity Name)

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FILED  
05 MAY 13 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5/17/05  
BWK

**TRANSMITTAL LETTER**

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

SUBJECT: Ivan Milovanov Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Ivan Milovanov  
Name (Printed or typed)

2532 1/2 49<sup>th</sup> Street South  
Address

Saint Petersburg, Florida 33707  
City, State & Zip

(727)481-5345  
Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: *Ivan Milovanov Inc.,*

05 MAY 13 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is: *2532 1/2 49<sup>th</sup> Street South  
Saint Petersburg, Florida 33707-5144*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: *Cleaning*

**ARTICLE IV SHARES**

The number of shares of stock is: *100*

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

Director: *Ivan Milovanov* } *2532 1/2 49<sup>th</sup> St. South, Saint Petersburg, FL 33707-5144*  
Officer: *Yulia Kutsevich* }

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

*Ivan Milovanov  
2532 1/2 49<sup>th</sup> St. S. Saint Petersburg, FL 33707-5144*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Ivan Milovanov  
2532 1/2 49 St. South. Saint Petersburg, FL 33707*

\*\*\*\*\*

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

*[Signature]*  
\_\_\_\_\_  
Signature/Registered Agent

*05/10/05*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*05/10/05*  
\_\_\_\_\_  
Date