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Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : CSH SERVICES, LLC  
Account Number : I20C70000160  
Phone : (800)494-3124  
Fax Number : (561)455-9885

RECEIVED  
08 NOV 26 PM 1:05  
DIVISION OF CORPORATIONS

FLORIDA PROFIT/NON PROFIT CORPORATION

ALL PROFESSIONAL SERVICES ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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08 NOV 26 PM 12:28  
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TALLAHASSEE, FLORIDA

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November 26, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CSH SERVICES, LLC

SUBJECT: ALL PROFESSIONAL SERVICES ENTERPRISES, INC.  
REF: W08000053332

We have received your document for ALL PROFESSIONAL SERVICES ENTERPRISES, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Article III is illegible.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H08000263198  
Letter Number: 008A00058600

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**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

ALL PROFESSIONAL SERVICES ENTERPRISES, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

931 NW 133RD AVENUE  
MIAMI, FLORIDA 33182

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

**ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)**

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT  
JOSE L HUERRES  
931 NW 133RD AVENUE  
MIAMI, FLORIDA 33182

H-08000263198.3

H-08000263198.3

PAGE 2 ALL PROFESSIONAL SERVICES ENTERPRISES, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JOSE L HUERRES  
931 NW 133RD AVENUE  
MIAMI, FLORIDA 33182


**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:


JOSE L HUERRES  
931 NW 133RD AVENUE  
MIAMI, FLORIDA 33182

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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.

  
\_\_\_\_\_  
JOSE L HUERRES / Registered Agent

11/25/08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
JOSE L HUERRES / Incorporator

11/25/08  
\_\_\_\_\_  
Date

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