

Nov 4 2005 11:30 AM ECFS 30 44497  
Division of Corporations  
**POS000023/34**  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H05000036050 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**FLORIDA PROFIT CORPORATION OR P.A.**

**NATIONAL SERVICES, INC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 FEB 14 AM 9:01

**FILED**

Electronic Filing Manual

Corporate Filing

Public Access Help

4/2/05



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

February 14, 2005

EXPRESS CORPORATE FILING SERVICE INC.

SUBJECT: NATIONAL SERVICES, INC  
REF: W05000007534

You failed to make the correction(s) requested in our previous letter.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Name conflict with NATIONAL SERVICE CORPORATION, F01000000707.

If you have any further questions concerning your document, please call (850) 245-6933.

Dale White  
Document Specialist  
New Filings Section

FAX Aud. #: H05000036050  
Letter Number: 205A00010240

((H05000036050)))

**CERTIFICATE OF INCORPORATION**  
**OF**  
**NATIONAL ABILITY SERVICES, INC**

05 FEB 14 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

The undersigned hereby associate us together for the purpose of becoming a corporation under the laws of the State of Florida. Providing for the formation, rights privileges immunities and liabilities of incorporation for profit.

**ARTICLE I**

The name of the corporation should be:

**NATIONAL ABILITY SERVICES, INC**

**ARTICLE II**

The corporation will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.

**ARTICLE III**

The maximum number of shares which the corporation is authorized to issue and have outstanding at any one time is 100 shares of common stock, which shares shall be of non par value. All stock is to be issued as fully paid and exempt from assessment.

**ARTICLE IV**

The pledge, sale, transfer or other disposition of the capital stock may be governed and restricted by the by-laws or written agreement among the stockholders which shall be on file in the office of the corporation

**ARTICLE V**

The amount of capital with which its corporation may begin doing business shall be not less than five hundred dollars (\$500.00)

**ARTICLE VI**

The existence of the corporation is perpetual.

((H05000036050)))

**ARTICLE VII**

The initial post office address of the principal office of the corporation in the State of Florida is: **29B BRUNSWICK LANE, PALM COAST, FL, 32137**. The board of directors may from time to time move the principal office to any other address in the State of Florida. The registered address of the corporation is **29B BRUNSWICK LANE, PALM COAST, FL 32137**. The registered agent at the address is **MARCOS AURELIO REBELLO**.

**ARTICLE VIII**

A board of directors consisting of no less than one or more than five directors shall manage the business of the corporation. A quorum for the holding of a meeting of the board of directors and for the transactions of any business which will be properly done by the directors on behalf of the corporation shall consist of majority of members thereof; but the directors, by unanimous consent in writing, included among the minutes of the corporation, may consent to the doing of any act and such consent in writing shall have the same force and effect as though the said act had been done and authorized at a meeting at which a quorum had been present, or such duties may be delegated to an executive committee.

**ARTICLE IX**

The name and post office of the member of the first board of directors and the slate of corporate officer are as follows:

**MARCOS AURELIO REBELLO**  
**PRESIDENT**

**29B BRUNSWICK LANE**  
**PALM COAST, FL, 32137**


**ANA PAULA MARAGONI**  
**VICE-PRESIDENT**

**29B BRUNSWICK LANE**  
**PALM COAST, FL, 32137**

**ARTICLE X**

THE STOCK OF THE CORPORATION MAY BE ISSUED PURSUANT TO THE PROVISIONS OF SECTION 1244 OF THE INTERNAL REVENUE SERVICE THE BENEFITS PROVIDED THEREUNDER.

IN WITNESS WHEREOF, WE THE INCORPORATOR HEREUNTO SET OUR HANDS AND SEALS, THIS 11 OF FEBRUARY OF 2005.

  
**MARCOS AURELIO REBELLO**  
**29B BRUNSWICK LANE**  
**PALM COAST, FL, 32137**

((H05000036050)))

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE  
SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHO  
PROCESS MAY BE SERVED.**

Pursuant to the provisions of the section 607.0501, Florida Statutes, the Undersigned Corporation organized under the laws of the State of Florida.  
The name of the corporation is **NATIONAL ABILITY SERVICES, INC** desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at city of Palm Coast, State of Florida has named: **MARCOS AURELIO REBELLO**, located At **29B BRUNSWICK LANE, PALM COAST, FL 32137**, agent to accept process in State of Florida County of Flagler.

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.

  
**MARCOS AURELIO REBELLO**  
**REGISTERED AGENT**

05 FEB 14 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED