

N07000008053

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(Business Entity Name)

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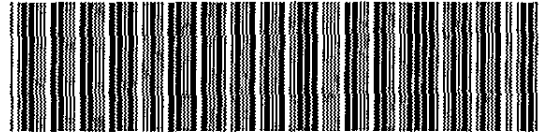
Certificates of Status _____

Special Instructions to Filing Officer:

W07-38043

Office Use Only

8/15



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08/06/07--01007--016 **78.75

2007 AUG 15 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

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

SUBJECT: _____

DIVERSIFIED 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 :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: DIVERSIFIED SERVICES, INC.
Name (Printed or typed)

21346 ST. ANDREWS BLVD. #142
Address

BOCA RATON, FL 33433
City, State & Zip

(561) 353-2222
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2007

PALM BEACH SENIOR SERVICE, INC.

DIVERSIFIED SERVICES INC

21346 ST. ANDREWS BLVD.

#142

BOCA RATON, FL 33433

SUBJECT: DIVERSIFIED SERVICES, INC.

Ref. Number: W07000038043

We have received your document for DIVERSIFIED SERVICES, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

The document number of the name conflict is L04000066344 - DIVERSIFIED SERVICES, INC..

It seems from the purpose listed, you may have filed the wrong type. Please verify. Also, please complete Article VI and VII. **CORPORATE FILING CORRECT**

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) 245-6934.

Loria Poole
Document Specialist
New Filing Section

Letter Number: 607A00048265

RECEIVED
07 AUG 15 AM 11:43

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

PALM BEACH SENIOR SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

21346 ST. ANDREWS BLVD., #142
BOCA RATON, FL 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SERVICING PET CARE, INDOOR PLANTS, CHECK
ON HOMES, CONDOS, WHILE OWNERS GONE,
ELDERLY, AS COMPANION, SHOPPING, DOCTORS, ETC.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

MAJORITY VOTE

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

CAROLYN SHAW, DIRECTOR
40
21346 ST. ANDREWS AVE. #142
BOCA RATON, FL 33433

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

CAROLYN SHAW, DIRECTOR
21346 ST. ANDREWS BLVD. #142
BOCA RATON, FL 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROLYN SHAW, DIRECTOR
21346 ST. ANDREWS BLVD. #142
BOCA RATON, FL 33433

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.

Carolyn Shaw
Signature/Registered Agent

8/2/07
Date

CAROLYN SHAW
Signature/Incorporator

8/2/07
Date

FILED
2007 AUG 15 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA