

TRANSMITTAL LETTER

FILED

01 FEB 26 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

BEST SERVICE EVER, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000003767390-2
-02/26/01-01080-004
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

WILLIAM FROMEN

Name (Printed or typed)

757 OAK STREET

Address

PORT ST LUCIE, FL 34962

City, State & Zip

561-344-6238

Daytime Telephone number

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

CB 2-27

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: BEST SERVICE EVER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 757 OAK STREET
PORT ST LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE A PREVENTIVE
BREAKDOWN SERVICE FOR VEHICLES.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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ARTICLE VI REGISTERED AGENT

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

WILLIAM FROMEN
767 OAK ST
PORT ST LUCIE, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILLIAM FROMEN
767 OAK ST
PORT ST LUCIE, FL 34952

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

William Fromen

Signature/Registered Agent

2-21-01
Date

William Fromen

Signature/Incorporator

2-21-01
Date