

TRANSMITTAL LETTER

P01000115960

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

200004711262--6
-12/06/01--01035--001
*****87.50 *****87.50

SUBJECT: NATIONAL Special Services 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

01 DEC - 6 AM 9:51
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FROM: Leslie CARR President
Name (Printed or typed)

18 North SPRING STREET #2nd FL
Address

Bloomfield N.J. 07003
City, State & Zip

973-748-7214
Daytime Telephone number

postal money order for
\$87.50 attached
no # 90088961411
111130 070031

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

J. BRYAN DEC - 7 2001

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:

NATIONAL Special Services INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18 NORTH SPRINGS STREET and FL
BloomField N.J. 07003

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

"PROFESSIONAL SERVICES."

ARTICLE IV SHARES

The number of shares of stock is:

500,000 NON-PAR common

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Leslie A CARR President
18 North Spring street #2nd FL
BloomField N.J. 07003

ARTICLE VI REGISTERED AGENT

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

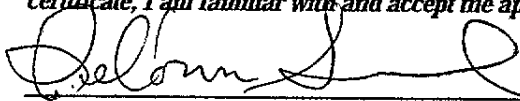
Ph. lomena A. SARIVOLA
4639 Dehta AVE
JACKSONVILLE, Florida, 32205

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY MARTELLA
18 NORTH SPRINGS STREET #2nd FL
BloomField N.J. 07003

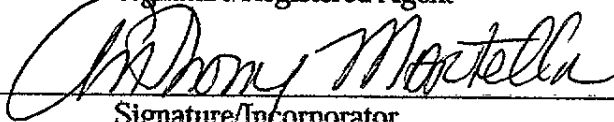
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

11/25/01

Date



Signature/Incorporator

12-1-01

Date

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01 DEC - 6 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA