

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

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

\$70.00

□ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

3 \$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

City, State & Zip <u>တ</u>

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	00 DIV
ARTICLE I NAME The name of the corporation shall be:	SECRETAR ISSON OF 1
Room Service Provider Inc.	LED RY OF STATE CORPORATION PM 3: 42
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	છ
774 St. Rd 13 Suite 5 Fruit Cou	c FL 32259
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: // (one)	The second secon
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	
ARTICLE VI REGISTERED AGENT The name and Florida street address follows:	
The name and Florida street address of the registered agent is:	
774 St. Rd 13 Suite 5	• •
Fruitcole Fl 32259	
ARTICLE VII INCORPORATOR	e e e e e e e e e e e e e e e e e e e
The <u>name and address</u> of the Incorporator is:	
Caura L Dawson 774 St. Rd 13 Suite 5	
***************************************	**********
Having been named as registered agent to accept service of process for the above stated certificate, I am familiar with and accept the appointment as registered agent and agree to	
	o wor are sing cupucay
Example Toursel	6-18-02
Signature/Registered Agent	Date
	, ,
Jamo Jawa	6-18-02
Signature/Incorporator/	Date