

# PD20000943/2

TRANSMITTAL LETTER

FILED  
02 AUG 29 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

400007135414--2

-08/15/02--01036--011  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: A.I. 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

FROM: ANTHONY JEFFORDS  
Name (Printed or typed)

PO Box 1747  
Address

NEW SMYRNA BEACH, FL 32170  
City, State & Zip

386-478-1004  
Daytime Telephone number

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

WD223857  
D. WHITE AUG 30 2002 3



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

August 16, 2002

ANTHONY JEFFORDS  
PO BOX 1747  
NEW SMYRNA BCH, FL 32170

SUBJECT: A.I. SERVICES, INC.  
Ref. Number: W02000023857

We have received your document for A.I. SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.**

Please return the 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) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 702A00048621

**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: ~~A.I. Services, Inc.~~ **ASSOCIATED INSTALLERS SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: PO Box 1747, New Smyrna Beach, FL 32170

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Staffing Agency**

**ARTICLE IV SHARES**

The number of shares of stock is: **1 (one) Share**

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**Anthony Jeffords (CEO), PO Box 1747, New Smyrna Beach, FL 32170**

**David Kendall (Operations Manager) PO Box 1747, New Smyrna Beach, FL 32170**

**Laura Hall (Office Manager) PO Box 1747, New Smyrna Beach, FL 32170**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is: **Anthony Jeffords, ~~PO Box 1747, New Smyrna Beach, FL 32170.~~**

**20 FAULKNER ST, NEW SMYRNA  
BEACH, FL 32168**

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is: **Anthony Jeffords, PO Box 1747, New Smyrna Beach, FL 32170**

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

*Anthony Jeffords* / ANTHONY JEFFORDS

Date

8/13/12

Signature/Incorporator

*Anthony Jeffords* / ANTHONY JEFFORDS

Date

8/13/12

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