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(Requ	estor's Name	)
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**Charter Number Only** 

Phone

CORPORATION(S) NAME

Statewide	Services Inc.

VALIDATION

0 N L Y

Profit NonProfit	(	) Amendment	(	) Merger
) Foreign	(	) Dissolution	(	) Mark
( ) Limited Partnership	(	) Annual Report ) Reservation	(	) Other ) Change of Registered Agent
( ) Reinstatement	(	) Photo Copies	(	) Certificate Under Seal
Call When Ready Walk In	( ( ) Will Wait	) Call If Problem Pick Up	(	) After 4:30 ( ) Mail Out

Neme	, <u>, , , , , , , , , , , , , , , , , , </u>
Availability	
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

CEEE Toll Free: 1-800-432-3028

## ARTICLES OF INCORPORATION

CNIDE VICES (name of corporation) The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV- CAPITAL STOCK \_shares ( 100 ) of \_ 0N e The corporation is authorized to issue Dollar(s) (\$ \_\_\_\_\_\_) par value Common Stock, which shall be designated "Common Shares". ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: ZIP 3306 FLORIDA The principal office, if known, or the mailing address of the corporation is: IUCASIBE Drive FLORIDA

#### ARTICLE VI - INITIAL BOARD OF DIRECTORS

	HAL BOARD OF DIRECTORS	~
This corporation shall have DNE (	) directors initially. The number	of directors may be either
increased or diminished from time to time by the By-L	aws, but shall never be less than one (1)	). The names and addresses
of the initial director(s) of the corporation are as follow	'S:	
Mary Basas		
NAME / HILL GOESS	P X4 4	
ADDRESS ( SOLO )		- >>>/72
CITY POSTI PAGO OCTOR	STATE /	ZIP 33à68
NAME		
ADDRESS		
CITY	STATE	ZIP
NAME	· · · · · · · · · · · · · · · · · · ·	
ADDRESS		
CITY	STATE	ZIP
The names and addresses of the incorporators signing t		
NAME MANK GOLBOW		
ADDRESS /// STING FINE		<u> </u>
CITY / Smpano Black	STATE	ZIP33062
NAMÉ		
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber day of	(s) have executed these Articles of Inco	orporation this
	17	(Seal)
		(Seal)
		(Seal)

# CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

Statemise Services INC.	03	DIVI
(name of corporation)	FEB -3 MM 9:	STON OF COMPANY
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation		2
at 111 Bring Ave 844 POMPANO BEAL FI 22062		
has named MARK Goldon located at the aforesaid address, as its Registered Agent to accept service of process	within	- n
this state.		

### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)