

P03000023587

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

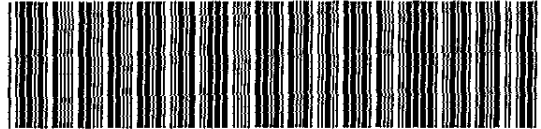
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 FEB 26 AM 11:59

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W-4771

FEB 26 2003

## TRANSMITTAL LETTER

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

SUBJECT: Longevity 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: John Wall  
Name (Printed or typed)

33 SE 1<sup>st</sup> Avenue, Suite 102  
Address

Delray Beach, FL 33444  
City, State & Zip

(561) 285-3790 x 208  
Daytime Telephone number

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

John Wall C/O T.E.D Center  
33 SE 1<sup>st</sup> Avenue Ste 102  
Delray Beach, Fl. 33444

February 24, 2003

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

Dear: Freida Chesser, Corp. Specialist

SUBJECT: LONGEVITY SERVICES, INC.


I'm responding to your letter dated February 18, 2003. I recently submitted documentation for Longevity Services, Inc. Your letter explained that this name was unavailable because, it is the same as, or it is not distinguished from the name of an administratively dissolved/revoked entity.

In response to your letter I have changed the name and resubmitted Articles of Incorporation. Enclosed are the original (new name), a copy, and your letter of name unavailability (303A00010689).

P.S. You have already received Filing & Certificate of Status fee.

If you have any additional questions or concerns please call (561) 265-3790 ext 208

Sincerely,

  
Monica Bradford, Incorporator

**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:

Longevity Multi-Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

33 SE 1st Avenue Suite 102, Delray Beach, Fl. 33444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Handyman, Janitorial and Lawn Care Services

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000

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

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

John Wall, President  
C/O T.E.D. Center  
33 SE 1st Avenue Ste 102  
Delray Beach, Fl. 33444

**ARTICLE VI REGISTERED AGENT**

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

John Wall  
C/O T.E.D Center  
33 SE 1st Ave STE 102 , Delray Beach, Fl. 33444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Monica Bradford  
C/O T.E.D Center  
33 SE 1st Ave Ste 102  
Delray Beach Fl 33444

\*\*\*\*\*

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

02-24-03

Date



Signature/Incorporator

2-24-03

Date

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 FEB 26 PM 12:00