# 103000069535

(Reguestera Noma)
(Requestor's Name)
(Address)
(Address)
(ricaross)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cooking in the cookin
Certified Copies Certificates of Status
$\wedge$
Special Instructions to Filing Officer:
1/2/
W/ //
Office Use Only
Office Use Only



500020307945

06/09/03--01040--010 \*\*87.50

TALLAHASSTET LCRIDA

# TRANSMITTAL LETTER

P. 4 L. SERVICES, INCORPORATED
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

Enclosed are an original and one (1) copy of the arti-	cles of incorporation an	d a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: PATRICIA A VA	ADDITIONAL CO	
701 ALJOHN	• • •	<del></del>
NokomIS, F	LORIDA 31 State & Zip	1275
(941) 48	4-1311	

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

Daytime Telephone number



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 11, 2003

PATRICIA A. VAN SWERINGEN 701 ALJOHN STREET NOKOMIS, FL 34275

SUBJECT: P. & L. SERVICES, INCORPORATED

Ref. Number: W03000016703

We have received your document for P. & L. SERVICES, INCORPORATED. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is B02000000423.

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) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 503A00036297

SECHETERE STATE

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	0	Į,
P. + L. SERVICES, INCORPORATED	03 JUN 23	LLAH
<b>'</b> [	23	1250 1550 1750 1750
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	<b>=</b>	ٿَرن
701 ALJOHN STREET	7: 43	L C
NOKOMIS, FLORIDA 34275	ည်	REA
ARTICLE III PURPOSE		<u>.138</u>
The purpose for which the corporation is organized is:		
CUSTOM HOME MAINTENANCE/REPAIRS		
ARTICLE IV SHARES		
The number of shares of stock is:		
1,000,000 (ONE MILLION)		
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)		
The name(s), address(es) and title(s):  PATRICIA A. VAN SWERINGEN "PRESIDENT"		
HINTOWN IN		
701 ALJOHN STREET		
NOKOMIS, FLORIDA 34275		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> of the registered agent is:		
PATRICIA A. VAN SWERTNEEN		
701 ALJOHN STREET		
Nokomis, FLORIDA 34275 ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
PATRICIA A. VAN SWERINGEN		
701 ALJOHN STREET		
Noromis FLORIDA 34275	*****	****
Having been named as registered agent to accept service of process for the above stated corporation at the place des	ignated i	n this
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		
Tatucia a Van Suringen 06/06/20 Signature/Registered Agent Date	203	
Signature/Registered Agent Date		
Voter A 7/2 1 1 min	A 2	
Vatricia le Van Juringa 06/06/20 Signature/Incorporator Date	<u>د ب</u>	