PO300009/22S

•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Office Use Out



300022175343

08/11/03--01015--013 **78.75

O3 AUG 20 PM 12: 11
SECRETARY OF STATE
TAIL AHASSEE, FLORED

N03-227;

TRANSMITTAL LETTER

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

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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: AnnMarie Rubertone Name (Printed or typed)				
1632-5E Kestwick Ct.				
Port St Lucie, FL 34952				
772-398-8213 Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 11, 2003

ANNMARIE RUBERTONE 1632 - SE KESTWICK CT. PORT ST. LUCIE, FL 34952

SUBJECT: CHECK IT OUT, INC. Ref. Number: W03000022737

We have received your document for CHECK IT OUT, INC. and your check(s) totaling \$78.75. 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) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 903A00045765

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: Check It out-Virtual Business	Services, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1632 SE Kestwicket. Port St Lucie, FL 34952 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Business Suffort Services	FILED 03 AUG 20 PH 12: 12 SECRETARY OF STATE TALLAHASSEE, FI BRIBA
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR List name(s), address(es) and specific title(s): ANN Harie Rubertone - Presi ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is: Ann Marie Rubertone 1632 SE Kestwick ct. Port St. Lucie, FL 34952	- · · · · · · · · · · · · · · · · · · ·
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	• • • • • • • • • • • • • • • • • • •
AnnMarie Rabertone 1632 DE Kestwick Ct. Port St. Lucie, FL 34952	*******
**************************************	ove stated corporation at the place designated in this
Skuhusone	8/14/03
Signature/Registered Agent	Date /
11/1/4/ Aara	9//2

ARTICLES OF INCORPORATION