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(Requestor's Name)				
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
		·		
(Do	ocument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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Office Lice Only				



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SECRETARY OF STATE

ajeg

TRANSMITTAL LETTER

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

SUBJECT:	(PROPOSED CORPORATE	Mobile Nota			
	(
Enclosed is 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 DPY REQUIRED		
FROM: Valevie Villella Geth Name (Printed or typed)					
12061 NW 10 St.					
	Play	State & Zip	7. 33323		
	(954) Daytime T	370-6683			

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

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: Services, Inc. gertified Mobile Notary ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12061 NW 10 S Plantation, FL. ARTICLE III The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): President/Secretar laterie Villella Juntation, FL. 33323 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ARTICLE VII The name and address of the Incorporator is: 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

Signature/Incorporator