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TRANSMITTAL LETTER

Flojida, - Inci

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

, <u>, , , , , , , , , , , , , , , , , , </u>					
SUBJECT:		Solution's o			
	(PROPOSED CORPORATE	E NAME – MUST INCLUD	E SUFFIX)		
	,				
Enclosed is an origin	nal and one(1) copy of the artic	cles of incorporation and	a check for:		
☑ \$70.00	□ \$78.75	\$78.75	\$87.50		
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of		
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	^ .	Address			
	Orlando	FC 320 State & Zip	<u></u>		
		766-4005 Telephone number	· · · · · · · · · · · · · · · · · · ·		

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

9 4 2 5

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be: Service Solutions of Central Florida, Enc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O.BOY 72/063 Orlando, H 32872 ARTICLE III PURPOSE The purpose for which the corporation is organized is: +27mit pretreats WDO Inspections ARTICLE IV SHARES
The number of shares of stock is:
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):
ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is: Gary Martin 4750 Rosewood Dr. Orlando, H. 32806
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: RANDALL ENGRA
1400 OCLASE ALE ORLANDO MEZOSOCIANOS SOCIANOS SO
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 Date
Signature/Incorporator M-202003 Date