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TRANSMITTAL LETTER

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

SUBJECT: ACT ONE MAINTENANCE NC. (Proposed corporate name - must include suffix)				
	(Proposed corpor	ate name - must include suff	ĭx)	
Enclosed is an origina	al and one(1) copy of the articles	of incorporation and a cl	heck for:	
18 870 00	□ e70 75	□ \$78.75	\$87.50	
\$70.00 Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
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			Status	
		ADDITIONAL COR	Y REQUIRED	
	٠ . ا			
FROM:	JOHN KOL	RA	<u> </u>	
Name (Printed or typed)				
1087 BEACON DR				
	_			
	PORT CHAR	CLOTTE FLA	33952	
	City, S	State & Zip		
941-627-9468 Daytime Telephone number				
Daytime Telephone number				

ARTICLES-OF INCORPORATION

Signature/Incorporator

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	FILED
ARTICLE I NAME	04 JAN 29 PM 6: 16
The name of the corporation shall be:	SEGMENT OF STATE
ACT ONE MAINTENANCE, INC.	TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:	
1087 BRACON UR	
1087 BRACON DR PORT CHARLOTTE, FLA 33952	
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding	g at any one time is:
1,000	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET AL	DRESS
The name and Florida street address of the initial registered agent are:	
WOHN KOLBA	
1087 BEACON DR	
ARTICLE V INCORPORATOR FLA 33952	•
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:	,
la ca Vara	•

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent Date