204000029932

| - |
|---|
| (Requestor's Name) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Dusiness Entry Hame) |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |

Office Use Only



500027283145

01/26/04--01034--021 **87.50

SI CHITART OF STATE



TRANSMITTAL LETTER

Revised

2/11/04

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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status AL COPY REQUIRED Name (Printed or typed) 4(-320,473c

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



February 5, 2004

RALPH DE GEETER PMB 135 1181 SOUTH SUMTER BLVD. NORTH PORT, FL 34287

SUBJECT: AR SERVICES INC. Ref. Number: W0400004981

We have received your document for AR SERVICES INC. and your check(s) totaling \$87.50. 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) 245-6995.

Wanda Cunningham
Document Specialist
New Filings Section

Letter Number: 004A00007733

| • | Revised |
|---|--|
| ARTICLES OF INCORPORATION | |
| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | diginal |
| ARTICLE 1 NAME The name of the corporation shall be: CR Services Sarasata Ivo | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: | FILEL TARYOUT 26 A |
| 100 | |
| List name(s), address(es) and specific title(s): Roll De Geeter Resident Horld Street address of the registered agent is: ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | 3 (|
| Having been named as registered agent to accept service of process for the above stated corp | poration at the place designated in this |
| Signature/Incorporator | in this capacity Date Date |
| Article VIII Exective dade of January | 20,2004 |