

P04000121172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

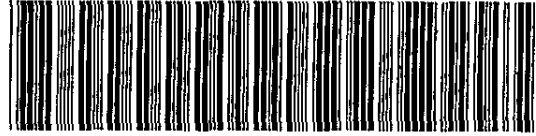
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

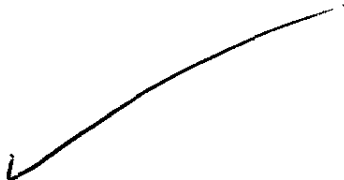
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04 AUG 20 AM 7:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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TRANSMITTAL LETTER

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

SUBJECT: LUIS SERVICES CORPORATION
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: LUIS RODRIGUEZ
Name (Printed or typed)

7145 HIELO DRIVE
Address

JACKSONVILLE, FL 32211
City, State & Zip

(904) 613 3583
Daytime Telephone number

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:

LUIS SERVICES CORPORATION

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

7145 HIELO DRIVE
JACKSONVILLE, FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

GENERAL MAINTENANCE, REPAIRS AND CLEANING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LUIS RODRIGUEZ
7145 HIELO DRIVE
JACKSONVILLE, FL 32211
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

LUIS RODRIGUEZ
7145 HIELO DRIVE
JACKSONVILLE, FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LUIS RODRIGUEZ
7145 HIELO DRIVE
JACKSONVILLE, FL 32211

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 *Luis Rodriguez*

08/16/2004

Date

Signature/Incorporator *Luis Rodriguez*

08/16/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA