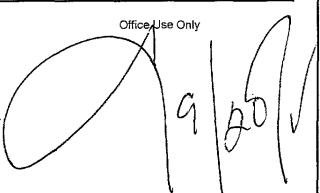
# P0400013142/

(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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09/01/04--01013--001 \*\*78.75

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JOY- THURSTON

\*\*

## TRANSMITTAL LETTER

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

SUBJECT: UNITED	D BEST SERVICES CORPORATION	ON	
	(PROPOSED CORPORA	TE NAME <u>MUST INCL</u>	UDESUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	les 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 PY REQUIRED
FROM: CA	RLOS MELO		•
	Name (	Printed or typed)	
	5408 S UNIVERSITY DR		
	A	ddress	
!	DAVIE FLORIDA 33328	State & Zip	<del></del>
:	954-8153722 Daytime Te	lephone number	

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 2, 2004

CARLOS MELO 5408 S UNIVERSITY DR DAVIE, FL 33328

SUBJECT: UNITED BEST SERVICES CORPORATION

Ref. Number: W04000033362

We have received your document for UNITED BEST SERVICES CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

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) 245-6929.

Letter Number: 004A00053346

Justin M Shivers Document Specialist New Filings Section

# 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:

UNITED BEST SERVICES CORPORATION

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5408 S UNIVERSITY DR. DAVIE FLORIDA 33328

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: DISTRIBUTOR GENERAL MERCHANDISE

### ARTICLE IV SHARES

The number of shares of stock is: ONE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CARLOS MELO. 5408 S UNIVERSITY DR. DAVIE FL 33328. OWNER

## ARTICLE VI REGISTERED AGENT

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

CARLOS MELO 5408 S UNIVERSITY DR DAVIE FL 33328

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS MELO . 5408 S UNIVERSITY DR DAVIE FL 33328

***************	************
Having been named as registered agent to accept service of process for the above certificate, I am familiar with and accept the appointment as registered agent and ag	stated corporation at the place designated in this tree to act in this capacity
	19-20-04
Signature/Registered Agent	Date
Signature/Incorporator	09-20-04
- Jagriduli Crincol polatol	Date

