PAYAD013983

ų.		
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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10/05/04 -- 01026 -- 007 ** 87.50

TILED 3: 49

TRANSMITTAL LETTER

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

SUBJECT:	E. 1. SER	VICES (ORT		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:		
\$70.00	\$78.75	\$78.75	□ \$87.50		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy		
			& Certificate of		
			Status		
		ADDITIONAL CO	PPY REQUIRED		
		<u> </u>			
FROM:					
	Name (Printed or typed)				
	Barbara Thompson				
<u>.</u>	2714 SW 2nd St Delray Beach, FL 33445-4468				
	Delray Bear	(II, 1D 33743-1100			
_					
	City, State & Zip				
	561-573-6199				
_	Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 12, 2004

ARVIN G. THOMPSON 2714 SW 2ND ST. DELRAY BEACH, FL 33445

SUBJECT: B.E.T. SERVICES Ref. Number: W04000030840

Upon receipt of your letter and/or check(s) totaling \$87.50, no document was found. Please return your check along with the proper form.

We are enclosing the proper form(s) with instructions for your convenience.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 104A00049978

In compliance with Chapter 607 and/or Chapter 621, E.S. (Drefit)	.
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	
.The name of the corporation shall be:	2004 OCT -5 P 3: 49
Bet Services Corp.	2 P 3: 49
. See Acces	MILTO POLYCE STORY
ARTICLE II PRINCIPAL OFFICE	SECRETARY DE STATE
The principal place of business/mailing address is:	-,
2714 S.W. 200 DL	6 7 W V
The principal place of business/mailing address is: 20 St 27/4 S. W. Delvoy Beach, Il	33775
ARTICLE III PURPOSE	•
The purpose for which the corporation is organized is:	No a XIII
The purpose for which the corporation is organized is: Home Consultant, Organized is: Peul Estate Soles, Clean ARTICLE IV SHAPES	mige would, A
Real Estate Artes Clean	House Workers on
ARTICLE IV SHARES	The state of the s
The number of shares of stock is:	
15hares	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
BARBARA E. TH	to mpson
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
17111 Sus 811 St	
2/14 500 7/ 3	3845 -11 200
The name and Florida street address of the registered agent is: 3 1/4 Sw and St ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	I I homp son
ARTICLE VII INCORPORATOR BAY DA	ara C / r
The name and address of the Incorporator is:	- nava)
Barbour & Sico	
27145W Ind	
Nelsan Beach, +	4 33883
****************	*********
Having been named as registered agent to accept service of process for the above sta	ated corporation at the place designated in this
certificate, Lam familiar with and accept the appointment as registered agent and agre	ee to act in this capacity
Parbour & Thompson	1 9/30/04
Signature/Registered Agent / nany//total	Date