

P04000/68577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

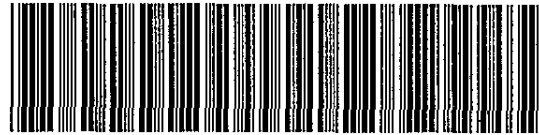
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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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: Country Wide Professional Services, Inc.
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: James E. Rider
Name (Printed or typed)

1980 Mayford Lake Road N. W.
Address

Lakeport, Florida 33471
City, State & Zip

(863) 946 - 0312
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:

Country Wide Professional Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
1980 Mayford Lake Road N.W. Lakeport, Florida 33471

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Conducting Private Investigations

ARTICLE IV SHARES

The number of shares of stock is:
100 shares, Divided Equally (25 shares) to each Officer

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

James E. Rider	1980 Mayford Lake Road N.W. Lakeport, Florida 33471	President
Robert E. Murrhee	1980 Mayford Lake Road N.W. Lakeport, Florida 33471	Vice-President
Robert Greene	1980 Mayford Lake Road N. W. Lakeport, Florida 33471	Secretary
Robert A. Wilson	1980 Mayford Lake Road N. W. Lakeport, Florida 33471	Treasurer

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:
James E. Rider 1980 Mayford Lake Road N. W. Lakeport, Florida 33471

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:
James E. Rider 1980 Mayford Lake Road N. W. Lakeport, Florida 33471

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

12-13-2004
Date


Signature/Incorporator

12-13-2004
Date

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TALLAHASSEE, FLORIDA