P0500026282

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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TRANSMITTAL LETTER

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

SUBJECT: PC Set	vices, Inc		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	I a check for:
☑ \$70.00	\$78.75	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
1 mig 1 cc	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		Status ADDITIONAL COPY REQUIRED	
FROM: Pe	ter Cavaliere		
	Name	(Printed or typed)	-
	29 Westfalls Lane		
		Address	
·	Palm Coast, FL 32164		
•		, State & Zip	
	000 445 4007		
-	386-445-1607 Daytime 1	Telephone number	
		▲	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

February 9, 2005

PETER CAVALIERE 29 WESTFALLS LANE PALM COAST, FL 32164

SUBJECT: PC SERVICES, INC. Ref. Number: W05000006859

We have received your document for PC SERVICES, INC.. However, the document has not been filed and is being returned for the following:

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.

The document number of the name conflict is P9700067049 (PC SERVICE, INC.).

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: 305A00009235

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:

Peter Cavaliere Services, Inc

ARTICLE II ___ PRINCIPAL OFFICE

The principal place of business/mailing address is: 29 Westfalls Lane Palm Coast, FL 32164

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Financial Consulting and Tax Preparation

ARTICLE IV SHARES

The number of shares of stock is: 1 share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Peter Cavaliere, President

ARTICLE VI REGISTERED AGENT

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

Peter Cavaliere 29 Westfalls Lane Palm Coast, FL 32164

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Peter Cavaliere 29 Westfalls Lane Palm Coast, FL 32164

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/Incorporator

2/15/05

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