## P05000131482

(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:				





200044042712

09/07/05-01056-007 \*\*78.75

FILED

05 SEP 26 AM 9: 21

SECRETANY OF STATE
TALL MIASSEL FLORIDA

9/27/05 NK WOS-42284

## **COVER LETTER**

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

SUBJECT: $f$	Probate Lique PROPOSED CORPORA	idator, IN	
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	l 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 DPY REQUIRED
FROM:	Cheri Fish		
	Name	(Printed or typed)	······································
	7139 Sewa	Address	
	Port Riche	State & Zip 34	668
	727-697 Daytime	-//63 Telephone number	

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 12, 2005

CHERI FISH 7139 SEWARD DR. PORT RICHEY, FL 34668

SUBJECT: PROBATE LIQUIDATOR, INC.

Ref. Number: W05000042284

We have received your document for PROBATE LIQUIDATOR, INC 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 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.

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) 245-6840.

Bruce W Kitchens Document Specialist New Filings Section

Letter Number: 905A00056310

## JARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: The principal place of business/mailing address is: 7139 SEWARD Nr \_ PURPOSE The purpose for which the corporation is organized is: q & Liguidating Estates ARTICLE IV SHARES The number of shares of stock is: 1000 INITIAL OFFICERS AND/OR DIRECTORS ARTICLE V List name(s), address(es) and specific title(s): MARK FISH President Cheri Fish VICE Prisident REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 7139 Seward Fr. Port Richey, FC 3468 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: 7139 Seward Ar. Port Kickey FZ 34668 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

9-6-05

Signature/Registered Agent

Signature/Incorporator