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### LAZARUS CORPORATE FILING SERVICE 3320 SW 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Nam (Corporation Nan (Document #) (Corporation Nam: (Document #) (Corporation Nan.:) (Document #) A Rick ptime 2.00 Walk in Certified Copy Photocopy Mail out Will vait Certificate of Status NEW FILINGS **AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger **OTHER FILINGS** REGISTRATION/QUALIFICATION Annual Report Foreign Limited Partnership Fictitious Name Reinstatement

Trademark Other

Examiner's Initials

CR2E031(7/97)

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I - NAME

The name of the corporation shall be:

Go Serv corp

#### ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

11880 SW 19 Ln #165 miami FL, 33175

#### ARTICLE III -SHARES

#### ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Reynold Gomez 11880 sw 19 Ln #165 miami FL, 33175

## **ARTICLE V - INCORPORATOR**

The name and stre		•			
Incorporation is:	Reynold	Gome	22		
	Reynold 11880 sc	U 19 L	n #165	 )	
	miami	FL, 3	3175		
The undersigned in Incorporation this		2005	e Articles of		
	ARTICLE VI D	IRECTOR(S)			
The name(s) and s Articles of Incorpo		of the directo	or(s) to these		_
Leynold 11880	Gomez	Presid	sent	TAL CHAUSER FIOR	)5 OC 1
11880	su 19	Ln #	F 165	15.54 15.44	1.50 1.14
miami	FL,	33175	>	70 2	- Q
				PA.	<u></u> သ
CERTIFICATE OF DES Having been named for the above stated hereby accept the ap capacity. I further ac related to the prope familiar with and accept	as Registered Age corporation at pla ppointment as Reg gree to comply wit r and complete pe	nt and to accep ace designated istered Agént a h the provision rformance of m	ot service of p in this certifi and agree to a is of all statut ny duties, and	DOFFICE TO	

Registered Agent Signature