(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:					



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COVER LETTER

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

SUBJECT: PA	AKURIS & Associat	es Insurance rename- <u>mustincl</u>	Services, Inc WDESUFFIX)
England are an ari	singland and (1) some of the action	la Cina	1. 1. 1. 6
Eliciosed are all off	ginal and one (1) copy of the artic	les of incorporation and	a cneck for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	Veronica P.	Pakuris	
	Name (Printed or typed)	
	2435 SW Hawks	Gate Terr	
	Palm City,	FL 34990 State & Zip	· · · · · · · · · · · · · · · · · · ·
	772 - 341 Daytime Te	- 5774	****

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



February 8, 2006

VERONICA P. PAKURIS 2435 S.W. HAWKS GATE TERRACE PALM CITY, FL 34990

SUBJECT: PAKURIS & ASSOCIATES INSURANCE SERVICES, INC

Ref. Number: W06000006058

We have received your document for PAKURIS & ASSOCIATES INSURANCE SERVICES, 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):

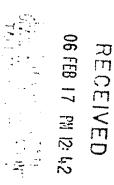
The document must state the number of shares of authorized stock.

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) 245-6921.

Maryanne Dickey Document Specialist Supervisor New Filing Section

Letter Number: 306A00009199



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:	
Pakuris & & Associates Insurance Ser	vices, Inc
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
2435 SW Hawks Gate Terr	
Palm City, FL 34990	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
To provide all types of insurance services, suc	h as, claim adjusting,
appraisals, consulting, etc.	
ARTICLE IV SHARES	
The number of shares of stock is:	06
1,000	06 TO 17
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	√ 33 . ``
List name(s), address(es) and specific title(s):	
VERONICA P. PAKURIS	FT/2: 58
PRESIDENT	23
2435 SW Hawks Gate Terr	5 ≅ .
Palm City, FL 34990	⊸ ::
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the	e registered agent is:
VERONICA P. PAKUCIS	
2435 SW Hawks Gate Tell	
Palm City, FL 34990	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
VERONICA P. Pakuris	
2435 SW Hawks Gate Terr	
Palm City, FL 34990	
*************	**********
Having been named as registered agent to accept service of process for the above sta	ted corporation at the place designated in th
certificate, I am familiar with and accept the appointment as registered agent and agre	e to act in this capacity
Veronice P. Pakuris	1/30/06
Signature/Registered Agent	Date
Veronice P. Pakuris	1/30/06 Date 1/30/06
Signature/Incorporator	Date
Argineuro involporano	