

65255

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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Certificates of Status _____

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2006 JUN -5 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 7, 2006

COVER LETTER

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

SUBJECT: USA Total Source, 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

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Alexander Estremera
Name (Printed or typed)
6610 Dartmouth Road
Address
Lakeland, FL 33809-5609
City, State & Zip
863-838-2138 (cell)
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:

USA Total Source, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6610 Dartmouth Road, Lakeland, FL 33809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alexander Estremera
6610 Dartmouth Road
Lakeland, FL 33809-5609

ARTICLE VI REGISTERED AGENT

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

Alexander Estremera
6610 Dartmouth Road
Lakeland, FL 33809-5609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Alexander Estremera
6610 Dartmouth Road
Lakeland, FL 33809-5609

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



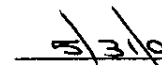
Signature/Registered Agent



Signature/Incorporator



Date



Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA