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

SUBJECT:	RIVER BIRCH SE	RVICES, INC.		
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>.UDE SUFFIX</u>)	
	•			
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	1
\$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 OPY REQUIRED	
EDOM.				1
FROM:	JOHN MICALLEF Nam	e (Printed or typed)		
		RATON BLVD. UNI Address	T 102 SECNETARIASS	- NDF 90
	BOCA RATON, FL City	33431 y, State & Zip	SEE, FLOR	-8 PH 2:
	(561) 362-5447	70 1	IDA	: 35
	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: River Birch Services Inc. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2263 NW BOCA RATON BIVD. UNIT 102 Boca Ration, FL 33431 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Handyman service ARTICLE IV SHARES The number of shares of stock is: 100 shares ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): John micallef: President/Owner 50% shares Swah Micallef: Vice President/Owner 50% shares ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: John micallef 2263 NW Bora Raton Blud Unit 102 Boca Routon, FL 33431 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: John micalled 2263 NW Boca Raton Blud Unit 102 Boca Raton, FL 33431 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