

PO6000080437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

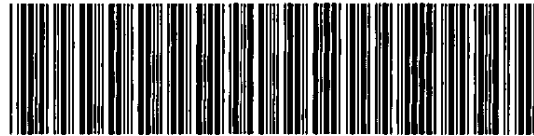
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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## COVER LETTER

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

SUBJECT: DOB Services Exchange 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: Mel Marshall  
Name (Printed or typed)

9858 Glades Rd. #101  
Address

Boca Raton, FL 33434  
City, State & Zip

(561) 212-0230  
Daytime Telephone number

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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 25, 2006

MEL MARSHALL  
9858 GLADES RD. #101  
BOCA RATON, FL 33434

SUBJECT: DOB SERVICES EXCHANGE INC.  
Ref. Number: W06000024167

We have received your document for DOB SERVICES EXCHANGE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 506A00036711

**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:

DOB Services Exchange Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

9858 Glades Rd. #101  
Boca Raton, FL 33434

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Building Services Consultations

**ARTICLE IV SHARES**

The number of shares of stock is:

200 NP

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Mel Marshall - President      Tanya Clarke - Director  
Paulette Shim - Vice President      Leighton Clarke - Director  
Kamal Clarke - Director

**ARTICLE VI REGISTERED AGENT**

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

Mark Sainment  
1355 W Palmetto  
Boca Raton FL 33486

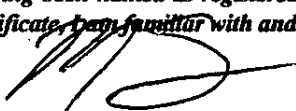
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

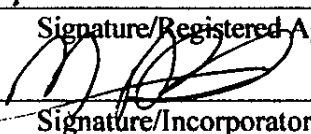
Mel Marshall  
9858 Glades Rd. #101  
Boca Raton, FL 33434

\*\*\*\*\*

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

FILED

06 JUN -9 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

5.22.06

Date

5.22.06

Date