P06000100395

| (Re | questor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | dress) | · | | |
| (Ad | dress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



300078072223

07/28/06--01012--005 **70.00

SECRETARY OF STATES

JL 28 AM 7: 54

TRANSMITTAL LETTER

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

| SUBJECT: | OUR WORLD SERVICES INC. | | | | |
|----------------------|---|--------------------------------|---|--|--|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INCL</u> | UDE SUFFIX) | | |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l a check for: | | |
| 2 \$70.00 | \$78.75 | \$78.75 | ■ \$87.50 | | |
| Filing Fee | Filing Fee & Certificate of Status | Filing Fee & Certified Copy | Filing Fee, Certified Copy & Certificate of Status | | |
| | | ADDITIONAL CO | DPY REQUIRED | | |
| FROM: | PRO TAX SERVICES INC Name (Printed or typed) | | | | |
| | 937 LONGDALE AVE | | | | |
| | LONGWOOD, FL 32750 | | | | |
| | City | , State & Zip | | | |
| | (407) 835-9845 Daytime Telephone number | | | | |
| | 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)

DIVISION OF CORPORATION:

ARTICLE I NAME

×25

The name of the corporation shall be:

OUR WORLD SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 507 NORTHLAKE DR SANFORD, FL 32773

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 - ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TIMOTHY E. CALHOUN - PRES.

ELISABETH A. CALHOUN - VICE PRES.

507 NORTHLAKE DR SANFORD, FL 32773 507 NORTHLAKE DR SANFORD, FL 32773

ARTICLE VI REGISTERED AGENT

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

TIMOTHY E. CALHOUN 507 NORTHLAKE DR SANFORD, FL 32773

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ELISABETH A. CALHOUN 507 NORTHLAKE DR SANFORD, FL 32773

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

Jundly E. Calhacin

Signature/Registered Agent

Date

Signature/Incorporator

Date