·· P0600116307

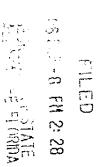
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



100079609161

09/08/06--01015--001 **70.00



Jo

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

SUBJECT: State Licensing Services, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for the \$70.00 Filing Fee.

PROM: Terry Lehman 1110 87th Street NW

1110 87th Street NW Bradenton, FL 34209

941-794-2837

ARTICI	FS	OF IN	CORP	ORA	TION
	120.3		$\cdot \cdot \cdot \cdot$		

'In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

STATE LICENSING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1110 87TH STREET N W BRADENTON, FL 34209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INSURANCE NON-RESIDENCE LICENSING

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):

TERRY LEHMAN
1110 87TH STREET N W
BRADENTON, FL 34209

ARTICLE VI REGISTERED AGENT

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

DEBRA LEHMAN 1110 87TH STREET N W BRADENTON, FL 34209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TERRY LEHMAN 1110 87TH STREET N W BRADENTON, FL 34209

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 family with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent Date

O9/05/06

Signature/Inoxporator Date

SECRETATES SECRETARIES