

PO6 000154566

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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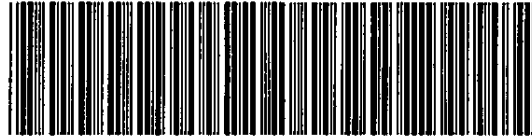
(Business Entity Name)

(Document Number)

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11/27/06--01026--020 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

for

COVER LETTER

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

SUBJECT: ARIEL'S SONS SERVICES 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: ARIELA KRIVINSKY
Name (Printed or typed)

112 DES PINAR LN
Address

LONGWOOD FL 32750-2702
City, State & Zip

305-331-5566
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2006

ARIELA KRIVINSKY
112 DES PINAR LN
LONGWOOD, FL 32750-2702

SUBJECT: ARIEL'S SONS SERVICES INC
Ref. Number: W06000051516

We have received your document for ARIEL'S SONS SERVICES 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):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 806A00068440

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:

ARIEL'S SONS SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

112 DES PINAR LN, LONGWOOD FL 32750-2702

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CLEANING SERVICES, MAID SERVICES ,SECURITY SERVICES,TILLES SERVICES, SWIMMING POOL SERVICES and BUILDING, MALLS, HOUSES, HOMES, HOSPITALS,and OFFICES MANGMENT.

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):

ARIELA KRIVINSKY- 112 DES PINAR LN, LONGWOOD FL 32750-2702-PRESIDENT
SHLOMO KRIVINSKY-112 DES PINAR LN, LONGWOOD FL 32750-2702-VICE PRESIDENT
ELAD KRIVINSKY-112 DES PINAR LN, LONGWOOD FL 32750-2702-DIRECTOR
SHIR KRIVINSKY-112 DES PINAR LN, LONGWOOD FL 32750-2702-DIRECTOR
HEN KRIVINSKY-112 DES PINAR LN, LONGWOOD FL 32750-2702-DIRECTOR

ARTICLE VI REGISTERED AGENT

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

SHLOMO ALKRAVIG - 3355 PINEWALK DR NORTH #205
MARLBOROUGH FLORIDA 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ARIELA KRIVINSKY
112 DES PINAR LN, LONGWOOD FL 32750-2702

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

AK KRAVIG
Signature/Registered Agent

ARIELA KRIVINSKY
Signature/Incorporator

12/12/06
Date

12/12/06
Date

FILED
06 DEC 19 PM 1:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA