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Office Use Only

C.S. 1-2-07

COVER LETTER

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

SUBJECT: P+ 1/ Services Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$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 PY REQUIRED	
FROM: PATRICIA A. LO BUE Name (Printed or typed) 1061 W. EMBASSY DR. Address				
DELTONA FL - 32725 City, State & Zip 386 - 860 - 8060 Daytime Telephone number				

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 2, 2007

PATRICIA A. LO BUE 1061 W. EMBASSY DR. DELTONA, FL 32725

SUBJECT: P. N SERVICES, INC. Ref. Number: W0700000146

We have received your document for P. N SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6047.

Carolyn Lewis **Document Specialist**

Letter Number: 707A00000164

New Filing Section

Letter Number: 707A00000164

Spoke of Carotyn 15/07

Spoke of Name Tico

Manual Dead of Name Tico

Manual Dead of Services, Name No ONE

Carotyn A Good one, Carotyn A

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

*ARTICLES OF INCORPORATION	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	2007 1444 . 0 . 0
The name of the corporation shall be:	2007 JAN -8 AM 7: 50
PNLB SERVICES, INC	SECRETARY OF STATE TALLAHASSEE.FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/moiling address is:	
The principal place of business/mailing address is:	
1061 W. EMBASSY DR. DELTONA, FL-32725	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: To PROVIDE A SERVICE OR SERVICES ENVIOUNDE A	DRIVER HEAVY ROWPMENT
operator + Equipment, A VEHICLE - For Example:	DELIVER DRIVER COURIER OR OPERATOR
•	
ARTICLE IV SHARES The number of shares of stock is: /OO	
700	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
PATRICIA A. Lotsue President/MASORITY OWNER (5.	(%)
Nick D. Lobne Secretary/Treasures/Ministry	
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the reg	ristered agent is:
Nick D. Lobus 1061 W. Embassy Dr.	
DELTONA, FL - 32725	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
PATRICIA A. LOBUE	
1061 W. EMBASSY DR. DELTONA, FL- 32725	
DELTONA FL - 32725	******
Having been named as registered agent to accept service of process for the above stated c certificate, I am familiar with and accept the appointment as registered agent and agree to a	
With D. Lo Bus	12/29/06
Signature/Registered Agent	Date,
Satricia a NoBre	12/29/01
Signature/Incorporator	Date