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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

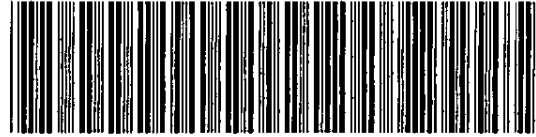
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
07 APR -9 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J 4/11/07

COVER LETTER

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

FILED
07 APR -9 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: SERVICES OF S.E. FLORIDA, 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: NANCY L. MCCARREN
Name (Printed or typed)

1 HARBOUR ISLE DR. E. BLOC #1 UNIT #201
Address

FT. PIERCE, FL. 34949
City, State & Zip

1-888-272-7168
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)

ARTICLE I NAME

The name of the corporation shall be:

SERVICES OF S.E. FLORIDA, INC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

*1 HARBOUR ISLE DR. E. BLDG #1 UNIT #201
FT. PIERCE, FL. 34949*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL SERVICES & SALES

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):

*NANCY L. MCCARREN 1 HARBOUR ISLE DR. E. BLDG #1 UNIT #201
FT. PIERCE FL. 34949
PRESIDENT & SECRETARY*

ARTICLE VI REGISTERED AGENT

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

*NANCY L. MCCARREN 1 HARBOUR ISLE DR. E. BLDG #1 UNIT #201
FT. PIERCE, FL. 34949*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*NANCY L. MCCARREN 1 HARBOUR ISLE DR. E. BLDG #1 UNIT #201
FT. PIERCE, FL. 34949*

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

Nancy L. McCarran

Signature/Registered Agent

4-5-07

Date

Nancy L. McCarran

Signature/Incorporator

4-5-07

Date