

P070000 44506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

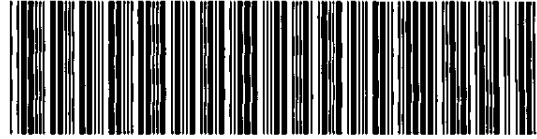
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
07 APR 11 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATION Wide Eviction Service ASSISTANT, Inc
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

RANDOLF ORLANDO
(Name of Person)
NATION Wide Eviction Service ASSISTANT
(Firm/Company)
PO BOX 181997
(Address)
Casselberry FL 32710
(City/State and Zip code)

For further information concerning this matter, please call:

KEVIN HOTNER at 800.982-6004
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

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:

NATION Wide EVICTION SERVICE ASSISTANT, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

4630 SOUT KIRKMAN RD #446
ORLANDO FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

EVICTIION SERVICE ASSISTANT

ARTICLE IV SHARES

The number of shares of stock is: 10
KEN

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KEVIN HOFNER CORPORATE EXECUTIVE
4630 SOUTH KIRKMAN RD #446
RANDOLPH ORLANDO DISTRICT MANAGER
4630 SOUTH KIRKMAN RD #446
CARMEL D HOFNER CORPORATE ACCOUNT EXECUTIVE
4630 SOUTH KIRKMAN RD #446

ARTICLE VI REGISTERED AGENT

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

RA ONLY

KEVIN HOFNER / SAINT MAX SURIN - L
204 LIVE OAK BLVD
CASSELBERRY FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARMEL D HOFNER
PO BOX 181997
CASSELBERRY FL 32718

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

[Signature]

Signature/Registered Agent

04/11/2007
Date

[Signature]

Signature Incorporator

04/11/2007
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA