

P07000092961

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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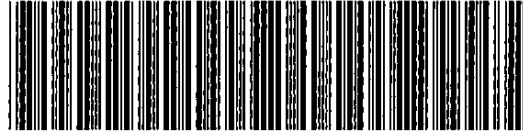
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/06/07--01022--010 **78.75

FILED
07 AUG -6 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/10/07
1-207-38105
8/16/07



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 6, 2007

NEELA GOMEZ
165 SANDALWOOD DR
KISSIMMEE, FL 34742

SUBJECT: GOMEZ SERVICES OF FLORIDA INC
Ref. Number: W07000038105

We have received your document for GOMEZ SERVICES OF FLORIDA 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 existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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

Please return the corrected 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) 245-6955.

Suzanne Hawkes
Document Specialist
New Filing Section

Letter Number: 407A00048274

COVER LETTER

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

SUBJECT: Gomez Services of 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: Neela Gomez

Name (Printed or typed)

165 Sandalwood Dr

Address

Kissimmee, FL 34743

City, State & Zip

321-443-1427

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:

Level 10 Communications Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

165 Sandalwood Dr
Kissimmee, Fl 34743

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide customer service

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):

Neela Gomez owner
165 Sandalwood Dr
Kissimmee, FL 34743

Lazaro Gomez Co owner
165 Sandalwood Dr
Kissimmee, Fl 34743

ARTICLE VI REGISTERED AGENT

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

Neela Gomez
165 Sandalwood Dr
Kissimmee, Fl 34743

ARTICLE VII INCORPORATOR

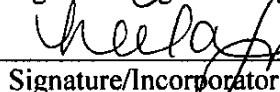
The name and address of the Incorporator is:

Neela Gomez
165 Sandalwood Dr
Kissimmee, Fl 34743

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/Registered Agent



Signature/Incorporator

8/13/07

Date

8/13/07

Date

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