

P07000131979

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

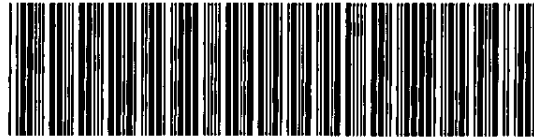
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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12/13/07--01031--004 \*\*87.50

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 13 AM 10:41

EP 12/14/07

## COVER LETTER

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

SUBJECT: Project Locator 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: Jill E. Maurer

Name (Printed or typed)

6907 NW Brookhaven Circle

Address

Port St. Lucie, FL 34983

City, State & Zip

954-218-8505

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:

Project Locator Services, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6907 NW Brookhaven Circle  
Port St Lucie, Florida 34983

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Freelance Entrepreneurial Project and Business Management and Services

### **ARTICLE IV SHARES**

The number of shares of stock is:

5000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jill E. Maurer, President  
6907 NW Brookhaven Circle  
Post St Lucie, FL 34983

EFFECTIVE DATE

12/12/07

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DIVISION OF CORPORATIONS  
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**ARTICLE VI REGISTERED AGENT**

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

Jill E. Maurer  
6907 NW Brookhaven Circle  
Port St. Lucie, FL 34983

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

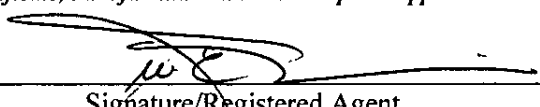
Jill E. Maurer, 6907 NW Brookhaven Circle, Port St. Lucie, FL 34983

**ARTICLE VIII EFFECTIVE DATE OF INCORPORATION**

December 12, 2007

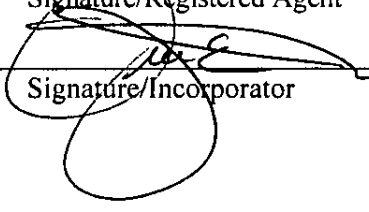
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

December 11, 2007

Date

  
\_\_\_\_\_  
Signature/Incorporator

December 11, 2007

Date

JILL E. MAURER

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
07 DEC 13 AM 10:41