

P080000017062

(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



800113373778

01/14/08--01032--008 **78.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 15 AM 11:10

~~W08000002127~~

W08000002063



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2008

ALL SERVICE INC.
PO BOX 453346
KISSIMMEE, FL 34745

SUBJECT: ALL SERVICE INC.
Ref. Number: W08000007063

We have received your document for ALL SERVICE INC. and your check(s) totaling \$78.50. 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) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 708A00008750



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 28, 2008

TOTAL SERVICE INC.
PO BOX 453346
KISSIMMEE, FL 34745

SUBJECT: TOTAL SERVICE INC.
Ref. Number: W08000002127

We have received your document for TOTAL SERVICE INC. and your check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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) 245-6062.

JULIA Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 008A00002842

RECEIVED
08 FEB 15 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: SERVICORP, 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: _____
Name (Printed or typed)

Address

City, State & Zip

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:

SERVICORP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2145 THE OAKS BLVD
KISSIMMEE, FL 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

SIXTO RODRIGUEZ P

P.O.BOX 453346

KISSIMMEE, FL 34745

MARIO CHICALOF VP

P.O.BOX 453346

KISSIMMEE, FL 34745

FILED
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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:

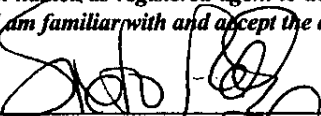
SIXTO RODRIGUEZ
2824 EAGLE EYE CT
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

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

SIXTO RODRIGUEZ
2824 EAGLE EYE CT
KISSIMMEE, FL 34746

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

Date



Signature/Incorporator

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 15 AM 11:10