

P0800054104

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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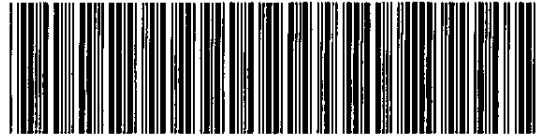
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6/3
WOS-23777
5/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2008

PATRICIA A LAWSON
1249 MARQUISE CT
ROCKLEDGE, FL 32955

SUBJECT: P.L. SERVICES, INC.
Ref. Number: W08000023777

We have received your document for P.L. SERVICES, INC. and your check(s) totaling \$87.50. 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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
New Filing Section

Letter Number: 408A00030402

COVER LETTER

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

SUBJECT: P.L. Customer 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

*Check was previously
sent.*

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Patricia A. Lawson

Name (Printed or typed)

1249 Marquise Ct.

Address

Rockledge, FL 32955

City, State & Zip

(321) 917-3777

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:

P.L. Customer Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

1249 Marquise Ct.
Rockledge, FL 32955

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Customer Service Representative personnel to other businesses.

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):

President, Patricia A. Lawson, 1249 Marquise Ct., Rockledge, FL 32955
Vice-President, Richard A. Lawson, 1249 Marquise Ct., Rockledge, FL 32955

ARTICLE VI REGISTERED AGENT

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

Patricia A. Lawson, 1249 Marquise Ct., Rockledge, FL 32955

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Patricia A. Lawson, 1249 Marquise Ct., Rockledge, FL 32955

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

Patricia A. Lawson

Signature/Registered Agent

Patricia A. Lawson

Signature/Incorporator

5/19/08

Date

5/19/08

Date

FILED
08 MAY 12 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA