

# P08000091973

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(Requestor's Name)

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

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

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

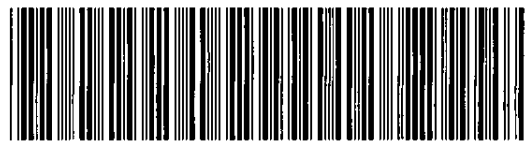
\_\_\_\_\_  
(Business Entity Name)

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

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RECEIVED  
08 OCT 10 PM 1:25  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 OCT 10 PM 1:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

oct 10-08

## COVER LETTER

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

**SUBJECT:** Specialized Business Services Corp.

(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:** Delores Grayson

Name (Printed or typed)

P.O. Box 966

Address

Tallahassee, FL 32302

City, State & Zip

850-521-8016

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)

**FILED**

## **ARTICLE I      NAME**

The name of the corporation shall be:      SPECIALIZED BUSINESS SERVICES CORP.

08 OCT 10 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE II      PRINCIPAL OFFICE**

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

Street Address: 3725 Four Oaks Blvd., Tallahassee, FL 32311

Mailing Address: P.O. Box 966, Tallahassee, FL 32302

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized to engage in any lawful act or activity for which corporations may be organized and to exercise powers granted under the laws of the state of Florida and the United States.

## **ARTICLE IV      SHARES**

The number of shares of stock is:      One hundred (100) shares.

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

List name(s), address(es) and specific title(s):      Delores P. Grayson, Owner/President  
P.O. Box 966, Tallahassee, FL 32302

John Grayson, Vice-Pres.  
P.O. Box 12774  
Tallahassee, FL 32317

Sybil Rothwell, Sec'y  
1040 Wellington Court  
Oviedo, FL 32765

## **ARTICLE VI      REGISTERED AGENT**

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

Delores P. Grayson  
3725 Four Oaks Boulevard  
Tallahassee, FL 32311

## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

Delores P. Grayson  
3725 Four Oaks Boulevard  
Tallahassee, FL 32311

\*\*\*\*\*

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

*Delores P. Grayson*

Signature/Registered Agent

*10-10-08*

Date

*Delores P. Grayson*

Signature/Incorporator

*10-10-08*

Date