

P09000015061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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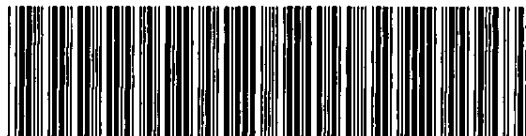
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: Dr. Soos 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: \_

Name (Printed or typed)

Terry Soos

Address

16929 W. Edinburgh Dr,

City, State & Zip

Loxahatchee, FL 33470

Daytime Telephone number

561-723-3820

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 26, 2009

TERRY SOOS  
16929 W. EDINBURGH DR  
LOXAHATCHEE, FL 33470

SUBJECT: DR. SOOS SERVICES INC.  
Ref. Number: W09000003801

We have received your document for DR. SOOS SERVICES 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6052.

Paisley A Alford  
Clerk  
New Filing Section

Letter Number: 909A00002686

# 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:

Dr. Soos Services, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

16929 W. Edinburgh Dr.  
Loxahatchee, FL 33470

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Handyman Services

## ARTICLE IV SHARES

The number of shares of stock is:

200

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Terry Soos - President  
16929 W. Edinburgh Dr.  
Loxahatchee, FL 33470

Suzanne Soos - Vice President  
16929 W. Edinburgh Dr.  
Loxahatchee, FL 33470

## ARTICLE VI REGISTERED AGENT

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

Suzanne Soos  
16929 W. Edinburgh Dr.  
Loxahatchee, FL 33470

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

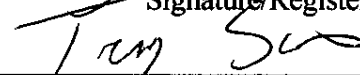
Terry Soos  
16929 W. Edinburgh Dr.  
Loxahatchee, FL 33470

\*\*\*\*\*

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

11/17/09  
\_\_\_\_\_  
Date

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

11/17/09  
\_\_\_\_\_  
Date

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