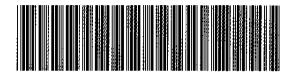
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(Re	equestor's Name)			
(Ac	ldress)			
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nam	ne)		
(Do	cument Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

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

SUBJECT: _S	noth Florida Ce	onforate & ATENAME-MUSTINCE	RUKES J
	(PROPOSED CORPORA	TENAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM: Id	albys Patterson-Herrera		
	Name	(Printed or typed)	
	715 Harem Ave		
		Address	
	0 4 4 5 11 00054		
	Opa Locka Florida 33054 City	, State & Zip	
	786-262-7555	relephone number	
	Daytime	i elephone number	

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



February 5, 2009

IDALBYS PATTERSON-HERRERA 715 HAREM AVE OPA LOCKA, FL 33054

SUBJECT: SOUTH FLORIDA CORPORATE SERVICES INC.

Ref. Number: W09000005677

We have received your document for SOUTH FLORIDA CORPORATE SERVICES INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 809A00004141

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be: South Honda Conforate SERVIES INC ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 715 Harem Ave Opa Locka Florida 33054 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any Legal Business ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Idalbys Patterson-Herrera President 715 Harem Ave Opa Locka Florida 33054 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Idalbys Patterson-Herrera 715 Harem Ave Opa Locka Florida 33054 The <u>name and address</u> of the Incorporator is: IDa(1345 Patterson-HERRERA. 715 HAREM AVE DOPA LOCKA FLORIDA 33054 Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certifi<u>cate,</u> I am <u>f</u>amili<u>ar wit</u>h and accept the appointment as registered agent and agree to act in this capacity 01/27/2009

Date

Date

01/27/2009

Signature/Régistered Agent

Signature/Incorporator