## P09000025660

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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## · COVER LETTER

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

SUBJECT:	HARIO PANTOSA (PROPOSED CORPORA	PROFESIONA	I SERVICE.	ING
-	(PROPOSED CORPORA	TE NAME – <u>MUST INCI</u>	<u>.ude suffix</u> )	
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 & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Cony	
•		ADDITIONAL CO	& CFATCATEOF Status A B B B B B B B B B B B B B B B B B B	
FROM:	HARIO PAR Name	STOTA S	P 3 36 OF STATE E, FLORID	
,	<u>8454 6ε,</u>			
	SACKSONVILLE, City	F1 32216 , State & Zip	<del></del>	
	(904) 370 - Daytime 1	4358 Felephone number		

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



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 10, 2008

MARIO PANTOJA S 8454 GEMINI RD JACKSONVILLE, FL 32216

SUBJECT: MARIO PANTOJA PROFESIONAL SERVICE I

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Ref. Number: W08000054697

We have received your document for MARIO PANTOJA PROFESIONAL SERVICE 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 document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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

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

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Do you mean Professional?

Please return 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) 245-6913.

Diane Cushing Document Specialist Supervisor

Letter Number: 608A00059720



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## FLORIDA DEPARTMENT OF STATEMAR 13 PM 3: 34 Division of Corporations

JIVISION OF CORPORATION

January 14, 2009

MARIO PANTOJA S 8454 GEMINI RD JACKSONVILLE, FL 32216

SUBJECT: MARIO PANTOJA PROFESSIONAL SERVICE

Ref. Number: W08000054697

We have received your document for MARIO PANTOJA PROFESSIONAL SERVICE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the suffix in Article I. Please insert Inc. back in that article. Also Article VI and VII must be completed as well. You may list Mario as the registered agent and incorporator as well as the president. He will also have to sign in both places at the bottom of the application.

Please return 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) 245-6913.

Diane Cushing Document Specialist Supervisor

Letter Number: 309A00001292

•
ARTICLES OF INCORPORATION In compliance with Chaptel 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME  The name of the corporation shall be:
HARIO PANTOSA PROFESSIONAL SERVICE CORP.
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:
8454 GEMINI RD, SACKSONVILLE, FL 32216
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
TO DO ANY AND ALL LAWFUL BISINESS
ARTICLE IV SHARES The number of shares of stock is:
10.000 PK =
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  HALIO O PANTOSA SANTIAGO (Presidente)  8454 GEMINI RO, SACKSONVILLE, FL 322263
<del></del>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
HAND O PANTOSA SANTIAGO  8454 GEMINI RO, SACKSONVILLE, FL 32216
8454 GEMINI RO, DACKSONVILLE, 12 SELLIS
The name and address of the Incorporator is:
MARIO O PAINTOJA STA
The name and address of the Incorporator is:  HARIO O PAINTOJA SANTIAGO  8454 GEMINI AD, SACKSONVILLE, FL 32216
**************************************
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
Mak 11/a
Signature/Registered Agent Date
- March 11/09
Signature Incorporator Date