

PD9000031472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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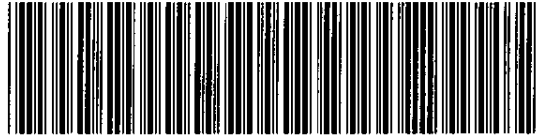
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/04/09--01012--011 **78.75

09 APR - 7 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

100-10579

COVER LETTER

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

SUBJECT: LAURAL PRO 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: CLARA GILL
Name (Printed or typed)

2608 QUEEN DRIVE
Address

LEHIGH ACRES, FLORIDA 33971
City, State & Zip

239-369-8701 239-336-4317
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 5, 2009

CLARA GIL
2608 QUEEN DRIVE
LEHIGH ACRES, FL 33971

SUBJECT: BANC COM SERVICES INC
Ref. Number: W09000010579

We have received your document for BANC COM 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):

Written approval and clearance of the words BANK, BANC, BANCO, BANQUE, BANKER, BANKING, TRUST COMPANY, SAVINGS AND LOAN ASSOCIATION, SAVINGS BANK or CREDIT UNION, or words of similar import in any context or any manner must be obtained from the Office of Financial Regulation, pursuant to section 655.922(2a), Florida Statutes.

Enclosed is a "Corporate Name Approval Request" form to be completed and sent to the address indicated on the form. If the proposed name is approved by the Office of Financial Institutions, resubmit the document and the approval letter to the Division of Corporations for filing. The Office of Financial Institutions' phone number is 850-410-9800.

If you have any further questions concerning your document, please call (850) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 309A00007694

APPROVED
AND
FILED

09 APR -7 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

LAURAL PRO SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

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

2608 QUEEN DRIVE LEHIGH ACRES, FLORIDA 33971

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

BANK MITIGATION FOR REAL ESTATE SALES - BOOKKEEPING - NOTARY SERVICES - OTHER
ADMINISTRATIVE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CLARA GILL - 2608 QUEEN DRIVE - LEHIGH ACRES, FL PRESIDENT
DOROTHY GILL - 5790 ELIZABETH ANN WAY FORT MYERS, FL 33912 VICE PRESIDENT
TARRI L WHITMER - 18255 GREAT BLUE HERON DRIVE GROVELAND, FL 34736 TREASURER
KIMBERLY E LUCAS - 10301 MASON LOOP, CLERMONT, FL 34711 SECRETARY

ARTICLE VI REGISTERED AGENT

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

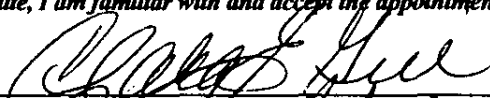
CLARA GILL 2608 QUEEN DRIVE LEHIGH ACRES, FL 33971

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLARA GILL 2608 QUEEN DRIVE LEHIGH ACRES, FL 33971

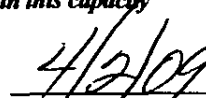
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

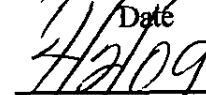


Signature/Registered Agent



Signature/Incorporator



Date


Date