

P090000 38723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

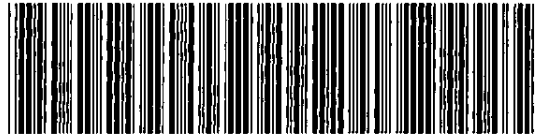
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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COURT

*[Handwritten signature]*

## COVER LETTER

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

**SUBJECT:** PATCH 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: NOEL GALINDO  
Name (Printed or typed)

1510 SW FRESNO RD.  
Address

PORT ST. LUCIE, FL 34953  
City, State & Zip

(772) 985-3146  
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)

### **ARTICLE I NAME**

The name of the corporation shall be:

PATCH SERVICES, INC.

### **ARTICLE II PRINCIPAL OFFICE**

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

1510 SW FRESNO RD.  
PORT SAINT LUCIE, FL 34953

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LAWFULL WORK IN FLORIDA- CONTRACTOR WORK

### **ARTICLE IV SHARES**

The number of shares of stock is:

1000 SHARES \$1.00 EACH

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

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

NOEL GALINDO PRESIDENT 1510 SW FRESNO RD.  
PT. ST. LUCIE, FL 34953

INGRID GALINDO VICE-PRESIDENT 1510 SW FRESNO RD.  
PT. ST. LUCIE, FL 34953

### **ARTICLE VI REGISTERED AGENT**

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

NOEL GALINDO  
1510 FRESNO RD.  
PT. ST. LUCIE, FL 34953

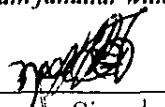
### **ARTICLE VII INCORPORATOR**

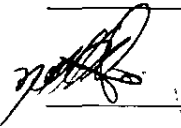
The name and address of the Incorporator is:

NOEL GALINDO  
1510 FRESNO RD.  
PT. SAINT LUCIE, FL 34953

\*\*\*\*\*

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

FILED  
09 APR 31 AM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/28/09

\_\_\_\_\_  
Date

04/28/09

\_\_\_\_\_  
Date