

PI 0000011444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies _____

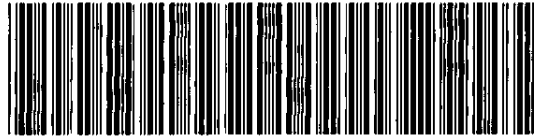
Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-8-10

SP

COVER LETTER

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

SUBJECT: Schock 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: David Schock
Name (Printed or typed)

17444 Oriole
Address

Fort Myers, FL 33912
City, State & Zip

239-218-4131
Daytime Telephone number

DS33947@YAHOO.COM
E-mail address: (to be used for future annual report notification)

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:

Schock Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17444 Oriole Rd.
Ft. Myers FL 33912

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The transaction of any or all lawful businesses for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

David Schock
17444 Oriole
Fort Myers, FL 33912

ARTICLE VI REGISTERED AGENT

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

David Schock
17444 Oriole
Fort Myers, FL 33912

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

David Schock
17444 Oriole
Fort Myers, FL 33912

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

David Schock

Signature/Registered Agent

David Schock

Signature/Incorporator

12-30-09

Date

12-30-09

Date

FILED
10 FEB -5 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA