P10000087083

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer: Nence Miles GAVE AUTHORIZATION BY PHONE TO CORRECT Add Name DATE 10/26/10, DOC. EXAM			

Office Use Only



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SECRETARY OF STATE

10 OCT 25 AM 8: 51



COVER LETTER

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

	2 + title Service Ir			
(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 & Certificate of Status	\$78.75 \$87.50 Filing Fee & Certified Copy Certificate o Status ADDITIONAL COPY REQUIRED			
ı	*			
FROM: Denee Miles Name (Printed or typed)				
960 NW 484 Aul.				
COCONUT CIEL, Ll. 33063 City, State & Zip				
754-366-1257				
Daytime Telephone number				
F-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 poration shall be: Rence's 7	na + title Service	CR. For
		ay i nino scivi	
ARTICLE II	PRINCIPAL OFFICE Principal street address 960 Nw 484 Auc.	Mailin	g address, if different is:
	Cocontr Cli. G. 33063		
	PURPOSE ich the corporation is organized is:		
t	soing tag work		
ARTICLE IV S The number of share	SHARES es of stock is: (00		
ARTICLE V	INITIAL OFFICERS AND/OR DIRI	ECTORS	d.
Name and Titl	le: Rene'e Miles - Dre	Ci'den Name and Title:	ASS O
Address:	gles NW 48th Acte.		
	Cocout CK fl 3306	<u></u>	
Name and Titl	le:	Name and Title:	<u> </u>
Address:		Address:	<u> </u>
			——— 首 語 -
			<u> </u>
Name and Titl	le:	Name and Title:	
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Reneie Miles		
Address:	Gloo No H8 Ar	. .	
	· COCOMIT CIC, H. 3	<u> 3065</u>	
ARTICLE VII 1	INCORPORATOR		
	ress of the Incorporator is:		
Name:	Treneie Miles		
Address:	160 NW USh Ave		
	COCOMT Ck. fr.	33063	
Havina heen namea	d as registered agent to accept service of	f rencess for the above stated co	reporation at the place designated in
	familiar with and accept the appointmen		
•			1 1
	1 11 olde VILLS		10/18/10
	Required Signature/Registered Ag	ent	Date
	1 //1		
I submit this docum	nent and dffirm that the facts stated he	fein are true. I am aware that t	the false information submitted in a
aocument to the Dep	partment of State constitutes a third degr	ee fetony as provided for in s.817	7.155, F.S.
	1/100000 1/1/1	/() _/	10/10/10
 .	Required Signature/Incorporate		<u> [U][8][U</u>
	/ Keduneu Signature/Incorporate	л	(Date