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COVER LETTER

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

SUBJECT: 24-	7 Service Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
 -			· · · · · · · · · · · · · · · · · · ·
\$70.00	\$78.75 Filing Fee	\$78.75	\$87.50
Filing Fee	& Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy
	. Continuate of Status	ac continue copy	& Certificate
		ļ	Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Katerin & Pedro Morales	.	
FROM	Name	(Printed or typed)	
	<u>10205 Shadow Branch</u>	Drive ddress	
	, and a second s	address	
	Tampa, FL 33647		
	City,	State & Zip	
	(0.40)000 0000		
	(813)263-6832	elephone number	
	Dayume 10	repriorie number	
	CallPedro@verizon.ne E-mail address: (to be used	t	
	E-mail address: (to be used	for future annual report n	otification)
	•		•
	NOTE: Please provide the or	iginal and one copy of	the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 15, 2010

KATERIN & PEDRO MORALES 10205 SHADOW BRANCH DRIVE TAMPA, FL 33647

SUBJECT: 24-7 SERVICE, INC. Ref. Number: W10000048566

We have received your document for 24-7 SERVICE, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 710A00024474

Division of Comparations DO DOV 6297 Tellaharma Florida 2021

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II	PRINCIPAL OFFICE		Servicio, Inc.
2(110223 11	Principal street address	1	Mailing address, if different is:
	10205 Shadow Branch Drive	·	
	Tampa, FL 33647		
RTICLE III	PURPOSE		
	which the corporation is organized is:		
	flooring installation, Trucking and or	Hauling husiness	I andscane and or maintenance
		,	, autocapo ana or mantonario
••			
ARTICLE IV	CUADEC		
	SHARES nares of stock is: 100		
ine mannoen of st	ME OF SWORES. 100		
RTICLE V	INITIAL OFFICERS AND/OR DIREC		
	Title: Katerin Morales, President		Pedro J. Morales, Vice President
Address:	10205 Shadow Branch Drive		10205 Shadow Branch Drive
	Tampa, FL 33647	······································	Tampa, FL 33647

			ECC OC .
	Title:		<u> </u>
Address:		Address:	A TOTAL TOTA
			85 1
Name and	Tisla.	Name and Tister	P 3 0 3
Address:	Title:	Name and Title: Address:	
Address:		Address:	
	**************************************		D
	·		
RTICLE VI	REGISTERED AGENT		
	lorida street address (P.O. Box NOT acceptab	le) of the registered agen	t is:
Name:	Pedro J. Morales		
Address:	10205 Shadow Branch Drive		
	Tampa, Fl 33647	<u>AKI</u>	TICLE VIII Effective D
RTICLE VII	INCORPORATOR		
	ddress of the Incorporator is:	De	tober 22, 2010
he name and ac	Katerin Morales		
			
Name:	10205 Shadow Branch Drive		
	10205 Shadow Branch Drive Tampa, FL 33647		
Name: Address:	Tampa, FL 33647		
Name: Address:	Tampa, FL 33647 med as registered again to accept service of pr	ocess for the above stat	ed corporation at the place designated in
Name: Address:	Tampa, FL 33647	ocess for the above states registered agent and a	ted corporation at the place designated in gree to act in this capacity
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Name: Address:	Tampa, FL 33647 med as registered again to accept service of pr	s registered agent and a	ted corporation at the place designated in gree to act in this capacity 10/7/10 Date
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Name: Address: aving been naris certificate, I descriptions submit this doc	Tampa, FL 33647 med as registered agont to accept service of property and accept the approximent and accept the accept the approximent and accept the accept th	s registered agent and a	gree to act in this capacity 10/7/10 Date that the false information submitted in a
Name: Address: aving been naris certificate, I descriptions submit this doc	Tampa, FL 33647 med as registered agont to accept service of pr am familiar with and accept the appointment a Required Signature/Registered Agent cument and affirm that the facts stated herein	s registered agent and a	gree to act in this capacity 10 7 10 Date that the false information submitted in a