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(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	IL
(Business Entity Name)	
(See Inc.) (tame)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

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

Tallahassee, FL 32314	
SUBJECT: Westige Tovestigan	tions and Legal Services, ATE NAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
FROM: Richard Rivet Nam 14620 N. Nebrask	e (Printed or typed) Aue. 101-A Address
Tampa, Fl. 32 City,	36/3 , State & Zip
813 - 478- Daytime 7	3442_ Telephone number
	ed for future annual report notification)
E man address. (to be use	a 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: PRESTIGE INVESTIGE	"KATIOAS & LEGGI SERVICES, INC	
ARTICLE II PRINCIPAL OFFICE Principal street address 14620 NEURASYA ARE	Mailing address, if different is:	
35170 A-101 TAMAR, FL. 3361	Sgme Sgme	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	-	
/NWes TIGATIONS	15 & PROCESS SENVICE	٠
ARTICLE IV SHARES The number of shares of stock is: / OO ARTICLE V INITIAL OFFICERS AND/OR DIRECTO Name and Title: 21/1, AND PINELY Address: 241x PINE CARK AN. 1313 FL 33545	ORS Name and Title: SAM ANN RIVEH Address: 1418 PINI CLAST DA	·
Name and Title: Address:		
Name and Title: Address:	Name and Title:Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Lawrence E. Flert Address: / 407 W. BUSCH BUTTER Three A. FL.	TES ESQ ELVÓ.	SECRETARY SECRETARY DIVISION OF S
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	2	1000 A
Name: K.Ch.A.O. V Address: 24/5 P/Ne LUTZ	Kivett 11- 89 15 15 15 15 15 15 15 15 15 15 15 15 15	STATE
Having been named as registered agent to accept service of proce this certificate, I am familiar with and accept the appointment as re	cess for the above stated corporation at the place designa	
Required Signature/Registered Agent I submit this document and affirm that the facts stated herein ar document to the Department of State constitutes a third degree felo	are true. I am aware that the false information submitte	
Required Signature/Incorporator	10/27/10 Date	